

Water Quality Reports

2003

Crysler

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

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:

220008649
Crysler
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 [] 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.

- ☒ Public access/notice via the web
☒ Public access/notice via Government Office
☐ Public access/notice via a newspaper

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

- ☐ Public access/notice via Public Request
☐ Public access/notice via a Public Library
☐ Public access/notice via other method _____

Describe your Drinking-Water System

Groundwater is pumped from the source well through the well house where Sodium Hypochlorite and Fluoride are added. As water is used throughout the distribution system and the level of the water tower falls to a preset limit, a well pump starts. The water is directed through a feeder main to refill the tower.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite was used at an average dosage rate of 1.8 mg/L.
Hydrofluorosilicic Acid was used at an average dosage rate of 0.433 mg/L.

Were any significant expenses incurred to?

- ☒ Install required equipment
☒ Repair required equipment
☒ Replace required equipment

Describe

Installed Chlorine feed system. Installed pump to wasteline. Installed flowmeter on pump to wasteline. Upgrades to SCADA software to record flow rates. Installed chemical storage and spill containment. Installed Chlorine Analyzer in the distribution system.

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

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
Jan.6/03	HPC	>500	Cts/1ml	Resample	Jan.13/03
Aug.6/03	HPC	>500	Cts/1ml	Resample	Aug.8/03

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

	Number of Samples	Range of E.Coli or Fecal Results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw	154	0-0	0-8	0	0
Treated	162	0-0	0-0	54	0 to >500
Distribution	267	0-0	0-0	55	0 to >500

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

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

	Number of Grab Samples	Range of Results (#-#)
Turbidity Raw Jun./03-Dec./03	12	0.09-0.19 NTU
Turbidity Treated Jan./03-Jun./03	8760	0.026-0.482 NTU
Chlorine	8760	0.29-2.10
Fluoride (If the DWS provides fluoridation)	8760	0.49-0.80

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

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

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

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

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

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Antimony	12/09/03	12/09/03	<0.6	<0.6	ug/L	No
Arsenic	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Barium	01/20/03	01/20/03	0.38	0.38	mg / L	No
Boron	01/20/03	01/20/03	0.17	0.17	mg / L	No
Cadmium	01/20/03	01/20/03	<0.0001	<0.0001	mg / L	No
Chromium	01/20/03	01/20/03	0.002	0.002	mg / L	No
Copper	01/20/03	01/20/03	0.033	0.033	mg / L	No
Iron	01/20/03	01/20/03	0.01	0.01	mg / L	No
Lead	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Mercury	01/20/03	01/20/03	<0.0001	<0.0001	mg / L	No
Selenium	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Uranium	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Fluoride	04/24/03	01/20/03	0.45	0.5	mg / L	No
Nitrite	01/20/03	12/09/03	<0.1	<0.11	mg / L	No
Nitrate	01/20/03	12/09/03	<0.1	0.256	mg / L	No

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

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Alachlor	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Aldicarb	12/09/03	04/24/03	<0.3	<9	ug / L	No
Aldrin + Dieldrin	01/20/03	01/20/03	<0.012	<0.012	ug / L	No
Atrazine + N-dealkylated metabolites	01/20/03	01/20/03	<0.5	<0.5	ug / L	No

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

Azinphos-methyl	01/20/03	01/20/03	<2	<2	ug / L	No
Bendiocarb	01/20/03	01/20/03	<2	<2	ug / L	No
Benzene	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Benzo(a)pyrene	12/09/03	12/09/03	<0.6	<0.6	ug / L	No
Bromoxynil	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Carbaryl	01/20/03	01/20/03	<5	<5	ug / L	No
Carbofuran	01/20/03	01/20/03	<5	<5	ug / L	No
Carbon Tetrachloride	01/20/03	01/20/03	<0.9	<0.9	ug / L	No
Chlordane (Total)	01/20/03	04/24/03	<0.012	<0.015	ug / L	No
Chlorpyrifos	01/20/03	01/20/03	<1	<1	ug / L	No
Cyanazine	01/20/03	01/20/03	<1	<1	ug / L	No
Diazinon	01/20/03	01/20/03	<1	<1	ug / L	No
Dicamba	01/20/03	01/20/03	<1	<1	ug / L	No
1,2-Dichlorobenzene	01/20/03	01/20/03	<0.4	<0.4	ug / L	No
1,4-Dichlorobenzene	01/20/03	01/20/03	<0.4	<0.4	ug / L	No
Dichlorodiphenyltrichloroethane (DDT) + metabolites	01/20/03	01/20/03	<0.024	<0.024	ug / L	No
1,2-Dichloroethane	01/20/03	01/20/03	<0.7	<0.7	ug / L	No
1,1-Dichloroethylene (vinylidene chloride)	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Dichloromethane	01/20/03	01/20/03	<4	<4	ug / L	No
2,4 Dichlorophenol	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	01/20/03	01/20/03	<1	<1	ug / L	No
Diclofop-methyl	01/20/03	01/20/03	<0.9	<0.9	ug / L	No
Dimethoate	01/20/03	01/20/03	<2.5	<2.5	ug / L	No
Dinoseb	01/20/03	01/20/03	<1	<1	ug / L	No
Diquat	01/20/03	01/20/03	<7	<7	ug / L	No
Diuron	01/20/03	01/20/03	<10	<10	ug / L	No
Glyphosate	01/20/03	01/20/03	<10	<10	ug / L	No
Heptachlor + Heptachlor Epoxide	01/20/03	01/20/03	<0.012	<0.012	ug / L	No
Linadane (Total)	01/20/03	01/20/03	<0.006	<0.006	ug / L	No
Malathion	01/20/03	01/20/03	<5	<5	ug / L	No
Methoxychlor	01/20/03	01/20/03	<0.024	<0.024	ug / L	No
Metolachlor	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Metribuzin	01/20/03	01/20/03	<5	<5	ug / L	No
Monochlorobenzene	01/20/03	01/20/03	<0.2	<0.2	ug / L	No
Paraquat	01/20/03	01/20/03	<1	<1	ug / L	No
Parathion	01/20/03	01/20/03	<1	<1	ug / L	No
Pentachlorophenol	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Phorate	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Picloram	01/20/03	01/20/03	<5	<5	ug / L	No
Polychlorinated Biphenyls(PCB)	01/20/03	04/24/03	<0.05	<0.1	ug / L	No
Promethyne	01/20/03	01/20/03	<0.25	<0.25	ug / L	No
Simazine	01/20/03	04/24/03	<1	<0.25	ug / L	No
THM (NOTE: show latest quarterly average)	01/20/03	12/09/03	8.4	8.4	ug / L	No
Temephos	01/20/03	01/20/03	<10	<10	ug / L	No
Terbufos	12/09/03	01/20/03	<0.12	<0.7	ug / L	No
Tetrachloroethylene	01/20/03	01/20/03	<0.3	<0.3	ug / L	No
2,3,4,6-Tetrachlorophenol	01/20/03	01/20/03	<0.5	<0.5	ug / L	No

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

Triallate	01/20/03	01/20/03	<1	<1	ug / L	No
Trichloroethylene	01/20/03	01/20/03	<0.3	<0.3	ug / L	No
2,4,6-Trichlorophenol	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	01/20/03	01/20/03	<1	<1	ug / L	No
Trifluralin	01/20/03	01/20/03	<1	<1	ug / L	No
Vinyl Chloride	01/20/03	01/20/03	<0.5	<0.5	ug / L	No

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

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

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

SUMMARY REPORTS FOR MUNICIPALITIES

Report

This report is a summary of water quality information for the Crysler 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 Crysler WTF is categorized as a Large Municipal Residential Drinking Water System.

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

Who gets a copy of the Report:

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

What must the Report contain?

The report must,

- (a) list the requirements of the Act, the regulations, the system's approval and any order that the system **failed to meet** at any time during the period covered by the report and specify the duration of the failure; and
- (b) for each failure referred to in clause (a), describe the measures that were taken to correct the failure.

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

Drinking Water Legislation	List the requirement(s) the system failed to meet	Specify the duration of the failure (i.e. date(s))	Describe the measures taken to correct the failure	Status (complete or outstanding)
Safe Drinking Water Act	NA			
Ontario Regulations (eg. O.Reg 170/03, O.Reg 435/93, O.Reg 903)	Weekly raw water samples from the standby well were not collected as per O.Reg 459/00.	January 6, 2003 to January 20, 2003	A temporary water bypass system was installed until a permanent system was constructed.	Complete
Ontario Regulations (eg. O.Reg 170/03, O.Reg 435/93, O.Reg 903)	Free chlorine residual monitoring was not carried out near a location where the intended contact time has just been completed as per O.Reg 170/03 Schedule 7-2.	January 1, 2003 to December 31, 2003	An amendment to the Certificate of Approval has been requested from the Ministry of the Environment to install chlorine monitoring equipment.	Outstanding. Waiting for amended Certificate of Approval from the Ministry of the Environment.
System Certificate of Approval #4011-5QVPDL	Monitoring and recording 5.1 (1) and 5.2 The daily maximum flow rate and maximum daily volume of water conveyed into the treatment system.	January 1, 2003 to October 16, 2003	SCADA system software was upgraded to record the daily maximum flow rate and maximum daily volume of water conveyed into the treatment system.	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 Chrysler WTF which contains all required flow information.

When Does the Report Get Submitted?

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

ONTARIO CLEAN WATER AGENCY

WATER PLANT PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: TOWNSHIP OF NORTH STORMONT
 PROJECT: CRYSLER WATER SUPPLY
 PROJ. NUM.: 7-0719
 WORKS NUM.: 220008649

YEAR: 2003
 WATER SOURCE: GROUNDWATER
 DESIGN CAP.: 1.685 X 1000 m3/d

DESCRIPTION: Two deep wells equipped with submersible pumps capable of delivering 19.5 L/s, a sodium hypochlorination disinfection system, fluoride feed/injection system, and an elevated storage tank.

MONTH	SYSTEM FLOWS (TREATED)				TREATED		DISTRIBUTION		BACTI (INDICATE NO. OF SAMPLES)				RAW WATER	
	TOTAL	AVG DAY	MAX DAY	AVG	MIN FREE	MAX FREE	MIN FREE	MAX FREE	E.C. / T.C. Not Detected		E.C. / T.C. Detected			
	FLOW	FLOW	FLOW	FLUORIDE	CL2 RESID.	CL2 RESID.	CL2 RESID.	CL2 RESID.	HPC < 500		HPC >500		E.COL	E.COLI
	1000 m3	1000 m3	1000 m3	Resid.(mg/L)	Treated (mg/l)	Treated (mg/l)	Distrib. (mg/l)	Distrib. (mg/l)	TREAT	DIST	TREAT	DIST	ABSENT	PRESENT
JAN	6.759	0.218	0.256	0.55	0.99	1.69	0.90	1.04	12	20	0	0	5	0
FEB	6.119	0.219	0.257	0.60	0.79	1.74	0.74	1.23	12	20	0	0	8	0
MAR	6.858	0.221	0.267	0.59	0.79	1.69	1.10	1.53	15	25	0	0	10	0
APR	6.835	0.228	0.293	0.60	0.80	1.42	0.93	1.07	12	20	0	0	8	0
MAY	8.317	0.268	0.450	0.65	0.91	1.68	1.00	1.20	12	21	0	0	8	0
JUN	8.558	0.285	0.342	0.67	0.50	1.93	0.56	1.30	15	25	0	0	5	0
JUL	8.562	0.276	0.350	0.70	0.60	2.10	0.75	1.21	12	20	0	0	4	0
AUG	7.775	0.251	0.385	0.70	0.29	1.65	0.61	1.65	18	26	1	0	4	0
SEP	7.601	0.253	0.333	0.72	0.49	1.90	0.78	1.15	15	25	0	0	5	0
OCT	6.705	0.216	0.695	0.70	0.35	1.90	0.82	1.11	12	20	0	0	4	0
NOV	6.003	0.200	0.478	0.68	0.57	1.24	0.86	0.95	12	20	0	0	6	0
DEC	6.262	0.202	0.422	0.66	0.73	1.70	0.75	1.10	15	25	0	0	10	0
TOTAL	86.35								162	267	1	0	77	0
AVG		0.237		0.65										
MAX			0.695			2.10		1.65						
CRITERIA			1.685	0.5-0.8	0.20		0.20	4.00						

COMMENTS: Max. day flow Oct. very high as a result of a water main break. Actual peak day 368 m3.
 Well pump runs approx. 3 days out of 5 because of Tower set points.

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

Les renseignements personnels qui figurent dans le présent formulaire sont recueillis 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. Prière d'adresser toute question au bureau régional du ministère de l'Environnement le Plus proche.

Year(Année): 2003 Permit No.(N° de permis): 93-P-4006

Location: DDW

Source: Groundwater

Name of Permittee: TOWNSHIP OF FINCH (CRYSLER)

Nom du titulaire du permis

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

Adresse postale

Location Of Taking: <i>Lieu de la prise d'eau</i>	Twp. or Municipality: <i>Canton ou municipalité</i>	Concession:	Lot:
15642 COUNTY ROAD 13	TOWNSHIP OF NORTH STORMONT	CON. 9	LOT 20

Date Of Taking <i>Date de la prise d'eau</i>	Total Hours Of Taking <i>Heure</i>	Avg. Daily Rate Of Taking <i>Débit de prise d'eau</i>	Total Amount Of Taking <i>Volume des prises</i>	Peak Daily Flow <i>Prélèvement maximum journalier</i>	Max. Daily Rate of Taking <i>Débit de pointe journalier</i>	
	(Hour)	(L/sec)	(m³)	(m³/day)	(L/sec)	(L/min)
JAN	105.90	17.73	6,759	256		
FEB	95.00	17.90	6,119	257		
MAR	109.70	17.34	6,858	267		
APR	105.50	18.02	6,835	293		
MAY	130.50	17.74	8,317	450		
JUN	134.80	17.66	8,558	342		
JUL	135.70	17.57	8,562	350		
AUG	116.97	18.54	7,775	385		
SEP	112.11	18.83	7,601	333		
OCT	111.65	17.27	6,705	695	19	
NOV	94.05	17.76	6,003	478	19	
DEC	97.45	18.02	6,262	422	19	

Total: 86,354

Criteria: 19.50 500

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

Signature

Date

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



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Crysler WTP)

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

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

Phone: 613-448-3098
Fax:pdf

Works #: 220008649
Project : P.O. No. 008503

Tuesday, December 23, 2003

Date Rec. : 10 December 2003
LR Report: CA6482-DEC03

Copy: #1

CERTIFICATE OF ANALYSIS

Final Report

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Crysler Treated	9: TDW Crysler System SPS
Sample Date & Time								08-Dec-03 12:00	09-Dec-03 09:30
Temperature [°C]	--	--	--	--	---	--	--	6.5	6.5
Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	1.0	0.5	---	0.1	0.011	0.011 <MDL	---
Nitrate (as nitrogen) [mg/L]	15-Dec-03	13:50	10.0	5	---	1	0.021	0.256	---
Nitrate + Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	10	5	---	1	0.021	0.256	---
Antimony [ug/L]	18-Dec-03	08:18	6	3	---	---	0.6	0.6 <MDL	---
Trihalomethanes (total) [ug/L]	23-Dec-03	07:25	100	50	---	10	0.63	---	8.6
Bromoform [ug/L]	23-Dec-03	07:25	---	---	---	---	0.56	---	0.56 <MDL
Bromodichloromethane [ug/L]	23-Dec-03	07:25	---	---	---	---	0.63	---	2.2
Chloroform [ug/L]	23-Dec-03	07:25	---	---	---	---	0.60	---	5.6
Dibromochloromethane [ug/L]	23-Dec-03	07:25	---	---	---	---	0.37	---	0.83
Benzo(a)pyrene [ug/L]	22-Dec-03	14:31	0.01	0.005	---	0.01	0.004	0.004 <MDL	---
Aldicarb [ug/L]	22-Dec-03	13:23	9	4.5	---	9	0.30	0.30 <MDL	---
Terbufos [ug/L]	22-Dec-03	13:23	1	0.5	---	1	0.12	0.12 <MDL	---



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Works #: 220008649
Project : P.O. No. 008503
LR Report : CA6482-DEC03

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.

REPORT OF ANALYSIS

Client: CRYSLER WELL SUPPLY

Report Number: 2300809
Date: 2003-01-30
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project: Chrysler Wells Quarterly Chemicals

P.O. Number:

Matrix: Supply Water

LAB ID:			229203	229204		
Sample Date:			2003-01-20	2003-01-20		
Sample ID:			CrW-01	CrW-02-System		
PARAMETER	UNITS	MDL				
BTEX / 624 / PURGEABLE HYDROCARBONS						
Benzene	ug/L	0.5	✓ <0.5			
Toluene	ug/L	0.5	✓ <0.5			
Ethylbenzene	ug/L	0.5	✓ <0.5			
m/p-xylene	ug/L	1.0	<1.0			
o-xylene	ug/L	0.5	<0.5			
Bromodichloromethane	ug/L	0.3	✓ 2.5	1.3		
Bromoform	ug/L	0.4	✓ <0.4	<0.4		
Carbon Tetrachloride	ug/L	0.9	✓ <0.9			
Monochlorobenzene	ug/L	0.2	✓ <0.2			
Chloroform	ug/L	0.5	✓ 6.0	3.2		
Dibromochloromethane	ug/L	0.3	✓ 0.9	0.7		
1,2-dichlorobenzene	ug/L	0.4	✓ <0.4			
1,4-dichlorobenzene	ug/L	0.4	✓ <0.4			
1,2-dichloroethane	ug/L	0.7	✓ <0.7			
1,1-dichloroethylene	ug/L	0.5	✓ <0.5			
Dichloromethane	ug/L	4.0	✓ <4.0			
Tetrachloroethylene	ug/L	0.3	✓ <0.3			
Trichloroethylene	ug/L	0.3	✓ <0.3			
Vinyl Chloride	ug/L	0.5	✓ <0.5			
TOTALS						
Trihalomethanes (total)	ug/L	2.0	✓ 9.4	5.2		
Xylene; total	ug/L	2.0	✓ <2.0			
BTEX / 624 Surrogate Recoveries						
Toluene-d8	%		97	97		
1,2-dichloroethane-d4	%		99			
4-bromofluorobenzene	%		101			

MDL = Method Detection Limit

INC = Incomplete

Method References available upon request.

Comment:

APPROVAL:

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

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CRYSLER WELL SUPPLY

Report Number:

2300809

Date:

2003-01-31

Date Submitted:

2003-01-21

ATT: Mr. Blair Henderson

Project:

Crysler Wells Quarterly

P.O. Number:

Matrix:

Supply Water

			LAB ID:	229203	229204			
			Sample Date:	2003-01-20	2003-01-20			
			Sample ID:	CrW-01	CrW-02-System			
PARAMETER	UNITS	MDL	TREATED WATER	DISTRIBUTION				
As	mg/L	0.001	✓ <0.001					
B	mg/L	0.05	✓ <0.05					
Ba	mg/L	0.01	✓ 0.08					
Cd	mg/L	0.0001	✓ <0.0001					
Cr	mg/L	0.001	✓ 0.002					
Cu	mg/L	0.001	✓ 0.030					
F	mg/L	0.10	✓ 0.58					
Fe	mg/L	0.01	✓ 0.02					
Pb	mg/L	0.001	✓ <0.001	✓ <0.001				
Mn	mg/L	0.005	✓ 0.007					
Hg.	mg/L	0.0001	✓ <0.0001					
N-NO2	mg/L	0.10	✓ <0.10					
N-NO3	mg/L	0.10	✓ <0.10					
Se	mg/L	0.001	✓ <0.001					
U	mg/L	0.001	✓ <0.001					

MDL = Method Detection Limit

INC = Incomplete

Method references available upon request.

Comment:

APPROVAL:

Ewan McRobbie
Inorganic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CRYSLER WELL SUPPLY

Report Number:

2300809

Date:

2003-02-06

Date Submitted:

2003-01-21

ATT: Mr. Blair Henderson

Project:

Sample Matrix:

Supply Water

LAB ID:			229203				
Sample Date:			2003-01-20				
Sample ID:			CrW-01				
PARAMETER	UNITS	MDL					
PESTICIDES & PCB's							
Alachlor	ug/L	0.5	✓ <0.5				
Aldicarb	ug/L	5	✓ <5				
Aldrin	ug/L	0.006	<0.006				
Aldrin + Dieldrin	ug/L	0.012	✓ <0.012				
Atrazine	ug/L	0.5	<0.5				
Desethyl-atrazine	ug/L	0.5	<0.5				
Atrazine+Desethyl-atrazine	ug/L	1	<1				
Azinphos-methyl	ug/L	2	✓ <2				
Bendiocarb	ug/L	2	✓ <2				
Carboxynil	ug/L	0.5	✓ <0.5				
Carbaryl	ug/L	5	✓ <5				
Carbofuran	ug/L	5	✓ <5				
Chlordane (Total)	ug/L	0.012	✓ <0.012				
α-Chlorodane	ug/L	0.006	<0.006				
γ-Chlorodane	ug/L	0.006	<0.006				
Oxychlorodane	ug/L	0.006	<0.006				
Chloropyrifos	ug/L	1	✓ <1				
Cyanazine	ug/L	1	✓ <1				
Diazinon	ug/L	1	✓ <1				
Dicamba	ug/L	1	✓ <1				
Dieldrin	ug/L	0.006	<0.006				
Diquat	ug/L	7	✓ <7				
2,4-Dichlorophenol	ug/L	0.5	✓ <0.5				
DDT + Metabolites	ug/L	0.024	✓ <0.024				
o,p'-DDT	ug/L	0.006	<0.006				
p,p'-DDT	ug/L	0.006	<0.006				
2,4-D	ug/L	1	✓ <1				
p,p'-DDE	ug/L	0.006	<0.006				

NOTE: mg/L (ppm)=1000ug/L (ppb)

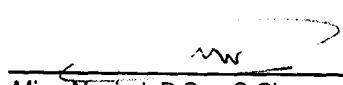
MDL = Method Detection Limit

Comment:

Method References available upon request.

INC = Incomplete

APPROVAL:


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

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CRYSLER WELL SUPPLY

Report Number: 2300809
Date: 2003-02-06
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project:

Sample Matrix: Supply Water

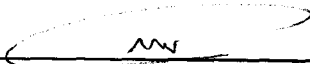
LAB ID:			229203				
Sample Date:			2003-01-20				
Sample ID:			CrW-01				
PARAMETER	UNITS	MDL					
p,p'-DDD	ug/L	0.006	<0.006				
Diclofop-methyl	ug/L	0.9	<0.9				
Dimethoate	ug/L	2.5	<2.5				
Dinoseb	ug/L	1	<1				
Diuron	ug/L	10	<10				
Glyphosate	ug/L	10	<10				
Heptachlor	ug/L	0.006	<0.006				
Heptachlor epoxide	ug/L	0.006	<0.006				
Heptachlor + Hept. Epoxide	ug/L	0.012	<0.012				
Endane	ug/L	0.006	<0.006				
Malathion	ug/L	5	<5				
Methoxychlor	ug/L	0.024	<0.024				
Metolachlor	ug/L	0.5	<0.5				
Metribuzin	ug/L	5	<5				
Paraquat	ug/L	1	<1				
Parathion	ug/L	1	<1				
Pentachlorophenol	ug/L	0.5	<0.5				
Phorate	ug/L	0.5	<0.5				
Picloram	ug/L	5	<5				
PCB's (total)	ug/L	0.05	<0.05				
Prometryne	ug/L	0.25	<0.25				
Simazine	ug/L	1	<1				
Temephos	ug/L	10	<10				
Terbufos	ug/L	0.7	<0.7				
2,3,4,6-Tetrachlorophenol	ug/L	0.5	<0.5				
Triallate	ug/L	1	<1				
2,4,6-Trichlorophenol	ug/L	0.5	<0.5				
Trifluralin	ug/L	1	<1				
2,4,5-T	ug/L	1	<1				

NOTE: mg/L (ppm)=1000xug/L (ppb)

MDL = Method Detection Limit

Comment:

APPROVAL:


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

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

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

Attention: **Dave Markell**

Report: **230000135**
Project: **Crysler WTP**
Date Sampled: **January 6, 2003**
Date Received: **January 7, 2003**
Date Printed: **January 09, 2003**
Matrix: **Drinking Water**

Parameter	Unit	MDL	Sample Identification			
			Well #1 Raw	Well #1 Treated	Dist. Catholic School	Dist. Home Hardware
Total Chlorine	mg/L	0.05		1.27	1.11	1.03
Free Chlorine	mg/L	0.05		1.17	1.02	0.92
E. coli	/100mL	1	absent	absent	absent	absent
Heterotrophic Plate Count	/mL	2		8	absent	
Background bacteria	/100mL	1	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

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

Attention: Dave Markell

Report: 230000448
Project: Chrysler WTP
Date Sampled: January 13, 2003
Date Received: January 14, 2003
Date Printed: January 16, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification			
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Chrysler Satellite
Total Chlorine	mg/L	0.05		1.26	1.14	1.00
Free Chlorine	mg/L	0.05		1.18	1.04	0.90
E. coli	/100mL	1	absent	absent	absent	absent
Heterotrophic Plate Count	/mL	2		absent	26	
Background bacteria	/100mL	1	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis**Client:**

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

Attention: Dave Markell**Report:****230000766****Project:**

Crysler WTP

Date Sampled:

January 20, 2003

Date Received:

January 21, 2003

Date Printed:

January 23, 2003

Matrix:

Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well #1 Raw	12	absent			absent	
Well #1 Treated		absent	1.11	absent	absent	1.18
Dist. S.P.S		absent	0.98	2	absent	1.11
Dist. Post Office		absent	0.96		absent	1.06

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Report:

230001078

Project:

Crysler WTP

Date Sampled:

January 27, 2003

Date Received:

January 28, 2003

Date Printed:

January 30, 2003

Attention: Dave Markell

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification			
			Well # 1 Raw	Well # 1 Treated	Dist. Home Hardware	Dist. Sun Gas Bar
Total Chlorine	mg/L	0.05		1.17	1.02	1.14
Free Chlorine	mg/L	0.05		1.07	0.92	1.01
E. coli	/100mL	1	absent	absent	absent	absent
Heterotrophic Plate Count	/mL	2		24	absent	
Background bacteria	/100mL	1	8			
Total Coliforms	/100mL	1	absent	absent	absent	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

Tel: (613)526-0123, Fax: (613)526-1244

Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: Dave Markell

Report:

230001156

Project:

Crysler WTP

Date Sampled:

January 28, 2003

Date Received:

January 29, 2003

Date Printed:

January 30, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
-----------	------	-----	-----------------------

Well #2 Raw
Stand By

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

Tel: (613)526-0123, Fax: (613)526-1244

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230001386

Project:

Crysler WTP

Date Sampled:

February 3, 2003

Date Received:

February 4, 2003

Date Printed:

February 06, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Crysler Satellite	Dist. Standby Well Raw
Total Chlorine	mg/L	0.05		1.02	1.00	1.00	
Free Chlorine	mg/L	0.05		0.99	0.92	0.90	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	2		
Background bacteria	/100mL	1	absent				absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency5 Industrial Dr.
Chesterville, ON
K0C 1H0Attention: **Dave Markell**

Report:

230001688

Project:

Crysler WTP

Date Sampled:

February 10, 2003

Date Received:

February 11, 2003

Date Printed:

February 13, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
-----------	------	-----	-----------------------	--	--	--	--

			Well # 1 Raw	Well # 1 Treated	Dist. Ecole Catholic	Dist. Sun Gas	Stand-By Well
Total Chlorine	mg/L	0.05		1.04	0.96	0.96	
Free Chlorine	mg/L	0.05		0.94	0.74	0.89	
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

Client:

Ontario Clean Water Agency

5 Industrial Dr.
 Chesterville, ON
 K0C 1H0

Report:

2300002042

Project:

Crysler WTP

Date Sampled:

February 17, 2003

Date Received:

February 18, 2003

Date Printed:

February 20, 2003

Matrix:

Drinking Water

Attention: Dave Markell

Parameter Unit MDL Sample Identification

Parameter	Unit	MDL	Well #1 Raw	Well #1 Treated	Dist. Home Hardware	Dist. Post Office	Stand By Well
Total Chlorine	mg/L	0.05		1.62	0.90	1.13	
Free Chlorine	mg/L	0.05		1.52	0.83	1.05	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent		
Background bacteria	/100mL	1	1				2
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230002327

Project:

Crysler WTP

Date Sampled:

February 24, 2003

Date Received:

February 25, 2003

Date Printed:

February 27, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. Elevated Tank	Dist. Home Hardware	Stand By Well
Total Chlorine	mg/L	0.05		1.50	1.44	1.32	
Free Chlorine	mg/L	0.05		1.40	1.30	1.23	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		340	absent		
Background bacteria	/100mL	1	absent				absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis**Client:****Ontario Clean Water Agency**

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell**Report:****230002638****Project:**

Crysler WTP

Date Sampled:

March 3, 2003

Date Received:

March 4, 2003

Date Printed:

March 12, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Elevated Tank	Stand By Well
Total Chlorine	mg/L	0.05		1.75	1.67	1.53	
Free Chlorine	mg/L	0.05		1.67	1.53	1.48	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent		
Background bacteria	/100mL	1	2				3
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230002990

Project:

Crysler WTP

Date Sampled:

March 10, 2003

Date Received:

March 11, 2003

Date Printed:

March 13, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Crysler Satellite	Stand By Well
Total Chlorine	mg/L	0.05		1.60	1.20	1.10	
Free Chlorine	mg/L	0.05		1.50	1.20	1.10	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	8		
Background bacteria	/100mL	1	absent				absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230003266

Project:

Crysler WTP

Date Sampled:

March 17, 2003

Date Received:

March 18, 2003

Date Printed:

March 20, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. Home Hardware	Dist. Ecole (Catholic School)	Stand By Well (Raw)
Total Chlorine	mg/L	0.05		1.56	1.39	1.41	
Free Chlorine	mg/L	0.05		1.47	1.29	1.29	
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

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230003601

Project:

Crysler WTP

Date Sampled:

March 24, 2003

Date Received:

March 25, 2003

Date Printed:

March 27, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated WTP	Dist. Elevated Tank	Dist. SPS	Standby Well
Total Chlorine	mg/L	0.05		1.83	1.47	1.39	
Free Chlorine	mg/L	0.05		1.78	1.35	1.28	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		2	4		
Background bacteria	/100mL	1	15				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230003993

Project:

Crysler WTP

Date Sampled:

March 31, 2003

Date Received:

April 1, 2003

Date Printed:

April 03, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Satellite	Stand By Well
Total Chlorine	mg/L	0.05		1.66	1.23	1.23	
Free Chlorine	mg/L	0.05		1.59	1.15	1.13	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent		
Background bacteria	/100mL	1	5				3
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230004340

Project:

Crysler WTP

Date Sampled:

April 7, 2003

Date Received:

April 8, 2003

Date Printed:

April 10, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. Ecole	Dist. Home Hardware	Stand By Well
Total Chlorine	mg/L	0.05		1.18	1.07	1.16	
Free Chlorine	mg/L	0.05		1.15	0.99	1.07	
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

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230004784

Project:

Crysler WTP

Date Sampled:

April 14, 2003

Date Received:

April 15, 2003

Date Printed:

April 17, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. Post Office	Dist. Satellite	Stand By Well
Total Chlorine	mg/L	0.05		0.95	1.20	1.13	
Free Chlorine	mg/L	0.05		0.90	1.06	1.03	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	absent		
Background bacteria	/100mL	1	absent				absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

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

Report:

230005152
 Project: Crysler WTP
 Date Sampled: April 22, 2003
 Date Received: April 23, 2003
 Date Printed: April 25, 2003
 Matrix: Drinking Water

Attention: Dave Markell

Parameter Unit MDL Sample Identification

Parameter	Unit	MDL	Well #1 Raw	Well #1 Treated	Dist. Tower	Dist. SDS	Stand By Well
Total Chlorine	mg/L	0.05		1.87	1.03	0.99	
Free Chlorine	mg/L	0.05		1.80	0.93	0.95	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	4		
Background bacteria	/100mL	1	16				7
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230005371

Project:

Crysler WTP

Date Sampled:

April 28, 2003

Date Received:

April 28, 2003

Date Printed:

April 30, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. Home Hardware	Dist. SPS	Stand By Well
Total Chlorine	mg/L	0.05		1.72	1.14	1.23	
Free Chlorine	mg/L	0.05		1.63	0.93	1.09	
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

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

Report Number: 2305690
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:

LAB ID:				Supply Water			
Sample Date:				GUIDELINE			
Sample ID:				MOE REG 459/00			
PARAMETER							
				TYPE	LIMIT	UNITS	
N-NO2 (Nitrite)				MAC	1.0	mg/L	
N-NO3 (Nitrate)				MAC	10.0	mg/L	

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

APPROVAL:

Ewan Macdonald
Inorganic Supervisor

Client: CRYSLER WELL SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0

Attention: Mr. Blair Henderson

Report Number: 2305690
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:

PARAMETER		LAB ID:		244349	244350	Supply Water	
		Sample Date:	Sample ID:	2003-04-24	2003-04-24	GUIDELINE	
		UNITS	MDL	CW-01	CW-SYSTEM	MOE REG 459/00	
TABLE B COMPOUNDS (VOCs)							
1,1-dichloroethylene	ug/L	0.5		<0.5		MAC	14 ug/L
1,2-dichlorobenzene	ug/L	0.4		<0.4		MAC	200 ug/L
1,2-dichloroethane	ug/L	0.7		<0.7		IMAC	5 ug/L
1,4-dichlorobenzene	ug/L	0.4		<0.4		MAC	5 ug/L
Benzene	ug/L	0.5		<0.5		MAC	5 ug/L
Carbon Tetrachloride	ug/L	0.9		<0.9		MAC	5 ug/L
Dichloromethane	ug/L	4.0		<4.0		MAC	50 ug/L
Ethylbenzene	ug/L	0.5		<0.5		AO	2.4 ug/L
Monochlorobenzene	ug/L	0.2		<0.2		MAC	80 ug/L
Tetrachloroethylene	ug/L	0.3		<0.3		MAC	30 ug/L
Toluene	ug/L	0.5		<0.5		AO	24 ug/L
Trichloroethylene	ug/L	0.3		<0.3		MAC	50 ug/L
Vinyl Chloride	ug/L	0.5		<0.5		MAC	2 ug/L
Bromodichloromethane	ug/L	0.3		2.6	1.5		
Bromoform	ug/L	0.4		<0.4	<0.4		
Chloroform	ug/L	0.5		7.8	4.0		
Dibromochloromethane	ug/L	0.3		0.8	0.7		
Trihalomethanes (total)	ug/L	2.0		11.0	6.0	MAC	100 ug/L
m/p-xylene	ug/L	1.0		<1.0			
o-xylene	ug/L	0.5		<0.5			
Xylene; total	ug/L	2.0		<2.0		AO	300 mg/L
TABLE B SURROGATES							
Toluene-d8	%			100	100		
4-bromofluorobenzene	%			85			
1,2-dichloroethane-d4	%			100			

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

APPROVAL:

Mina Nasir
Organic Lab Supervisor

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

Report Number: **2305690**
 Date: **2003-05-22**
 Date Submitted: **2003-04-25**

Project:

P. O. Number:

Matrix:

Supply Water

				LAB ID: 244349							GUIDELINE
				Sample Date: 2003-04-24							Supply Water
				Sample ID: CrW-01							
											MOE REG 459/00
PARAMETER	UNITS	MDL	TREATED						TYPE	LIMIT	UNITS
Organochlorine Pesticides (OCPs) & PCBs											
Aldrin	ug/L	0.006	<0.006								
Dieldrin	ug/L	0.006	<0.006								
Aldrin + Dieldrin	ug/L	0.012	<0.012						MAC	0.7	ug/L
a-chlordane	ug/L	0.006	<0.006								
g-chlordane	ug/L	0.006	<0.006								
Oxychlordane	ug/L	0.006	<0.006								
Chlordane (Total)	ug/L	0.015	<0.015						MAC	7	ug/L
op-DDT	ug/L	0.006	<0.006								
pp-DDD	ug/L	0.006	<0.006								
pp-DDE	ug/L	0.006	<0.006								
pp-DDT	ug/L	0.006	<0.006								
(DDT) + Metabolites	ug/L	0.024	<0.024						MAC	30	ug/L
Heptachlor	ug/L	0.006	<0.006								
Heptachlor epoxide	ug/L	0.006	<0.006								
Heptachlor + Heptachlor Epoxide	ug/L	0.012	<0.012						MAC	3	ug/L
Lindane	ug/L	0.006	<0.006						MAC	4	ug/L
Methoxychlor	ug/L	0.024	<0.024						MAC	900	ug/L
Trifluralin	ug/L	1	<1						MAC	45	ug/L
Polychlorinated Biphenyls (PCBs)	ug/L	0.1	<0.1						IMAC	3	ug/L
CHLOROPHENOLS											
2,3,4,6-tetrachlorophenol	ug/L	0.5	<0.5						MAC	100	ug/L
2,4,6-trichlorophenol	ug/L	0.5	<0.5						MAC	5	ug/L
2,4-dichlorophenol	ug/L	0.5	<0.5						MAC	900	ug/L
Pentachlorophenol	ug/L	0.5	<0.5						MAC	60	ug/L
PHENOXYACID HERBICIDES											
2,4,5-trichlorophenoxyacetic acid (2,4,5-T)	ug/L	1	<1						MAC	280	ug/L
2,4-dichlorophenoxyacetic acid (2,4-D)	ug/L	1	<1						IMAC	100	ug/L
Bromoxynil	ug/L	0.5	<0.5						IMAC	5	ug/L
Dicamba	ug/L	1	<1						MAC	120	ug/L

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

Comment:

APPROVAL:

Mina Nasir
 Organic Lab Supervisor

Client: CRYSLER WELL SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0

Report Number: 2305690
Date: 2003-05-22
Date Submitted: 2003-04-25

Attention: Mr. Blair Henderson

Project:

P.O. Number:

LAB ID: 244349				Supply Water		
Sample Date: 2003-04-24				GUIDELINE		
Sample ID: CrW-01				MOE REG 459/00		
PARAMETER	UNITS	MDL	TREATED	TYPE	LIMIT	UNITS
Diclofop-methyl	ug/L	0.9	<0.9	MAC	9	ug/L
Dinoseb	ug/L	1	<1	MAC	10	ug/L
Picloram	ug/L	5	<5	IMAC	190	ug/L
CARBAMATES						
Aldicarb	ug/L	9	<9	MAC	9	ug/L
Bendiocarb	ug/L	2	<2	MAC	40	ug/L
Carbaryl	ug/L	5	<5	MAC	90	ug/L
Carbofuran	ug/L	5	<5	MAC	90	ug/L
Triallate	ug/L	1	<1	MAC	230	ug/L
TRIAZINE & RELATED HERBICIDES						
Alachlor	ug/L	0.5	<0.5	IMAC	5	ug/L
Atrazine	ug/L	0.5	<0.5			
De-ethylated atrazine	ug/L	0.5	<0.5			
Atrazine + N-dealkylated metabolites	ug/L	1.0	<1.0			
Cyanazine	ug/L	1	<1	IMAC	5	ug/L
Metolachlor	ug/L	0.5	<0.5	IMAC	10	ug/L
Metribuzin	ug/L	5	<5	IMAC	50	ug/L
Prometryne	ug/L	0.25	<0.25	MAC	80	ug/L
Simazine	ug/L	1	<1	IMAC	1	ug/L
ORGANOPHOSPHOROUS PESTICIDES						
Azinphos-methyl	ug/L	2	<2	IMAC	10	ug/L
Chlorpyrifos	ug/L	2	<2	MAC	20	ug/L
Diazinon	ug/L	1	<1	MAC	90	ug/L
Dimethoate	ug/L	1	<1	MAC	20	ug/L
Malathion	ug/L	2.5	<2.5	MAC	20	ug/L
Parathion	ug/L	5	<5	MAC	190	ug/L
Phorate	ug/L	1	<1	MAC	50	ug/L
Temephos	ug/L	0.5	<0.5	IMAC	2	ug/L
Terbufos	ug/L	10	<10	IMAC	280	ug/L
	ug/L	0.7	<0.7	IMAC	1	ug/L

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

Comment:

APPROVAL:

Mina Nasir
Organic Lab Supervisor

CRYSLER WELL SUPPLY

5 Industrial Drive
Chesterville, ON
K0C 1H0

Attention: Mr. Blair Henderson

Report Number: 2305690
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:

Matrix: Supply Water

LAB ID: 244349
Sample Date: 2003-04-24
Sample ID: CrW-01

GUIDELINE

MOE REG 459/00

PARAMETER	UNITS	MDL	TREATED						TYPE	LIMIT	UNITS
DIURON & GLYPHOSATE											
Diuron	ug/L	10	<10						MAC	150	ug/L
Glyphosate	ug/L	10	<10						IMAC	280	ug/L
DIQUAT & PARAQUAT											
Diquat	ug/L	7	<7						MAC	70	ug/L
Paraquat	ug/L	1	<1						IMAC	10	ug/L

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

Comment:

APPROVAL:

Mina Nasir
Organic Lab Supervisor

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230005774

Project:

Crysler WTP

Date Sampled:

May 5, 2003

Date Received:

May 5, 2003

Date Printed:

May 07, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Crysler Satellite	Stand By Well
Total Chlorine	mg/L	0.05		1.29	1.15	1.09	
Free Chlorine	mg/L	0.05		1.22	1.03	1.00	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		4	14		
Background bacteria	/100mL	1	absent				absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3282
Rev. 4

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 13-May-03

JOB/PROJECT NO.:

DATE REPORTED: 22-May-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 220008649

Client ID:					Well #1 Raw	Well #1 Treated	Tower	Home Hardware
Sample ID:					B03-3282-1	B03-3282-2	B03-3282-3	B03-3282-4
Date Collected:					12-May-03	12-May-03	12-May-03	12-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Free Chlorine	ppm			13-May-03	--	1.8	1.2	1.2
Total Chlorine	ppm			13-May-03	--	2.1	1.3	1.3
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	13-May-03	5	--	--	--
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	8	--

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3282
Rev. 4

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 13-May-03

JOB/PROJECT NO.:

DATE REPORTED: 22-May-03

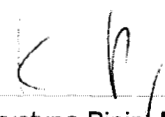
P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 220008649

Client ID:	Standby			
Sample ID:	B03-3282-5			
Date Collected:	12-May-03			

Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Free Chlorine	ppm			13-May-03	--			
Total Chlorine	ppm			13-May-03	--			
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1			
Background	cts/100mL	1	MOE E3371	13-May-03	< 1			
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--			


Krystyna Pipin M. Sc.
Lab Supervisor

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3556
Rev. 3

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

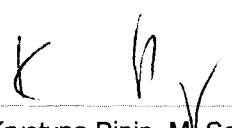
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO.: 220008649

Client ID:					Well #1 Raw	Well #1 Treated - 145642 County Road 13, Crysler	Crysler System Treated Ecole	Crysler System Treated SPS
Sample ID:					B03-3556-1	B03-3556-2	B03-3556-3	B03-3556-4
Date Collected:					20-May-03	20-May-03	20-May-03	20-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	21-May-03	< 1	--	< 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	4	--
Total Chlorine	mg/L			21-May-03	--	1.5	1.1	1.3
Free Chlorine	mg/L			21-May-03	--	1.4	1.1	1.2


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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3556
Rev. 3

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

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

DATE SUBMITTED: 21-May-03

JOB/PROJECT NO.:

DATE REPORTED: 23-May-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 220008649

			Client ID:	Crysler Raw Standby			
			Sample ID:	B03-3556-5			
			Date Collected:	20-May-03			
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1		
Background	cts/100mL	1	MOE E3371	21-May-03	< 1		
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1		
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--		
Total Chlorine	mg/L			21-May-03	--		
Free Chlorine	mg/L			21-May-03	--		

K h
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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3689

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 27-May-03

DATE REPORTED: 29-May-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

			Client ID:	Well #1 Raw	Well #1 Treated - 15642 Country Road 13, Crysler	Tower Elevated Tank	Post Office
			Sample ID:	B03-3689-1	B03-3689-2	B03-3689-3	B03-3689-4
			Date Collected:	26-May-03	26-May-03	26-May-03	26-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	27-May-03	5	--	--
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	--	< 2	< 2
Total Chlorine	mg/L			27-May-03	--	1.6	1.2
Free Chlorine	mg/L			27-May-03	--	1.5	1.1

K. N. y

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3689

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 27-May-03

JOB/PROJECT NO.:

DATE REPORTED: 29-May-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

			Client ID:	Raw - Standby			
			Sample ID:	B03-3689-5			
			Date Collected:	26-May-03			
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1		
Background	cts/100mL	1	MOE E3371	27-May-03	7		
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1		
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	--		
Total Chlorine	mg/L			27-May-03	--		
Free Chlorine	mg/L			27-May-03	--		

[Handwritten signature]

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3884

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 03-Jun-03

DATE REPORTED: 05-Jun-03


SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

			Client ID:	Well #1 Raw	Well #1 Treated	Dist. Home Hardware	Dist. S.P.S
			Sample ID:	B03-3884-1	B03-3884-2	B03-3884-3	B03-3884-4
			Date Collected:	02-Jun-03	02-Jun-03	02-Jun-03	02-Jun-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	03-Jun-03	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	03-Jun-03	31	--	--
E coli	cts/100mL	1	MOE E3371	03-Jun-03	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	03-Jun-03	--	2	< 2
Free Chlorine	mg/L			03-Jun-03	--	1.4	1.0
Total Chlorine	mg/L			03-Jun-03	--	1.4	1.0


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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4124
Rev. 1

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 10-Jun-03

JOB/PROJECT NO.:

DATE REPORTED: 12-Jun-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Client ID:					Well #1 Raw	Well #1 Treated	Dist. Ecole	Dist. Crysler Satellite
Sample ID:					B03-4124-1	B03-4124-2	B03-4124-3	B03-4124-4
Date Collected:					09-Jun-03	09-Jun-03	09-Jun-03	09-Jun-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	10-Jun-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	10-Jun-03	< 1	--	--	--
E coli	cts/100mL	1	MOE E3371	10-Jun-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	10-Jun-03	--	6	2	--
Free Chlorine	mg/L		n/a	10-Jun-03	--	1.4	1.1	1.0
Total Chlorine	mg/L		n/a	10-Jun-03	--	1.5	1.4	1.2



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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4331

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 17-Jun-03

DATE REPORTED: 19-Jun-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-4331-1	16-Jun-03	< 1	3	< 1	--	--
Well #1 Treated	B03-4331-2	16-Jun-03	< 1	--	< 1	6	1.3
Dist. Elevated Tank	B03-4331-3	16-Jun-03	< 1	--	< 1	< 2	1.1
Dist. Paul Provost	B03-4331-4	16-Jun-03	< 1	--	< 1	--	0.9


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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4331

Report To:

Ontario Clean Water Agency - Chrysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 17-Jun-03

DATE REPORTED: 19-Jun-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chrysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Chlorine					
Units:	mg/L					
MDL:						
Reference Method:	n/a					
Date Analyzed:	17-Jun-03					

Client I.D.	Sample I.D.	Date Collected				
Well #1 Raw	B03-4331-1	16-Jun-03	--			
Well #1 Treated	B03-4331-2	16-Jun-03	--			
Dist. Elevated Tank	B03-4331-3	16-Jun-03	--			
Dist. Paul Provost	B03-4331-4	16-Jun-03	--			

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4511

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 24-Jun-03

DATE REPORTED: 26-Jun-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	
Date Analyzed:	24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03	

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-4511-1	23-Jun-03	< 1	< 1	< 1	--	
Well #1 Treated - 15642 County Road 13	B03-4511-2	23-Jun-03	< 1	--	< 1	< 2	
Gun Gas	B03-4511-3	23-Jun-03	< 1	--	< 1	< 2	
SPS	B03-4511-4	23-Jun-03	< 1	--	< 1	--	

K P
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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4511
Rev. 2

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 24-Jun-03

JOB/PROJECT NO.:

DATE REPORTED: 10-Jul-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03	23-Jun-03

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-4511-1	23-Jun-03	< 1	< 1	< 1	--	--
Well #1 Treated - 15642 County Road 13	B03-4511-2	23-Jun-03	< 1	--	< 1	< 2	1.29
Gun Gas	B03-4511-3	23-Jun-03	< 1	--	< 1	< 2	1.15
SPS	B03-4511-4	23-Jun-03	< 1	--	< 1	--	1.20

Reprint

K. R.
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

The analytical results reported herein refer to the samples & Accredited

Council of Canada and CAEAL for specific tests.
reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

CERTIFICATE OF ANALYSIS
Final Report**REPORT No. B03-4834****Report To:****Ontario Clean Water Agency - Crysler**
5 Industrial Dr
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 30-Jun-03

DATE REPORTED: 02-Jul-03

SAMPLE MATRIX: Drinking Water

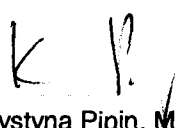
JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	E coli	Background	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-4834-1	30-Jun-03	< 1	< 1	1	--	--
Well #1 Treated - 15642 County Rd. 13, Crysler	B03-4834-2	30-Jun-03	< 1	< 1	--	4	1.55
Post Office	B03-4834-3	30-Jun-03	< 1	< 1	--	< 2	1.30
SPS	B03-4834-4	30-Jun-03	< 1	< 1	--	--	1.25


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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-5172

Report To:

Ontario Clean Water Agency - Chrysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 08-Jul-03

DATE REPORTED: 10-Jul-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chrysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-5172-1	07-Jul-03	< 1	26	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-5172-2	07-Jul-03	< 1	--	< 1	2	1.62
SPS	B03-5172-3	07-Jul-03	< 1	--	< 1	< 2	0.95
Chrysler Satellite	B03-5172-4	07-Jul-03	< 1	--	< 1	--	0.91

MDL = Method Detection Limit

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-5485
Rev. 1

Report To:

Ontario Clean Water Agency - Chrysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 14-Jul-03

DATE REPORTED: 16-Jul-03

SAMPLE MATRIX: Drinking Water

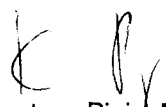
JOB/PROJECT NO.:

P.O. NUMBER: Chrysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03

Client I.D.	Sample I.D.	Date Collected					
Well # 1 Raw	B03-5485-1	14-Jul-03	< 1	1	< 1	--	--
Well # 1 Treated	B03-5485-2	14-Jul-03	< 1	--	< 1	< 2	1.43
Tower Elevated Tank	B03-5485-3	14-Jul-03	< 1	--	< 1	< 2	1.14
S.P.S	B03-5485-4	14-Jul-03	< 1	--	< 1	--	1.21


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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-5485
Rev. 1

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 14-Jul-03

DATE REPORTED: 16-Jul-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:


P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Chlorine				
Units:	mg/L				
MDL:					
Reference Method:	n/a				
Date Analyzed:	14-Jul-03				

Client I.D.	Sample I.D.	Date Collected				
Well # 1 Raw	B03-5485-1	14-Jul-03	--			
Well # 1 Treated	B03-5485-2	14-Jul-03	--			
Tower Elevated Tank	B03-5485-3	14-Jul-03	--			
S.P.S	B03-5485-4	14-Jul-03	--			

MDL = Method Detection Limit


Krystyna Pipin, M. Sc.
Lab Supervisor

Accredited by the Standards Council of Canada and CAEL 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.

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5841

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 22-Jul-03

DATE REPORTED: 24-Jul-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

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

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-5841-1	21-Jul-03	< 1	2	< 1	--	--
Well #1 Treated	B03-5841-2	21-Jul-03	< 1	< 1	< 1	< 2	1.33
Home Hardware	B03-5841-3	21-Jul-03	< 1	< 1	< 1	< 2	1.06
Post Office	B03-5841-4	21-Jul-03	< 1	--	< 1	--	1.09


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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6194

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 29-Jul-03

DATE REPORTED: 31-Jul-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	30-Jul-03	30-Jul-03	30-Jul-03	30-Jul-03	30-Jul-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-6194-1	28-Jul-03	< 1	6	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-6194-2	28-Jul-03	< 1	--	< 1	< 2	1.29
Dist. Home Hardware	B03-6194-3	28-Jul-03	< 1	--	< 1	< 2	1.21
Dist. S.P.S	B03-6194-4	28-Jul-03	< 1	--	< 1	--	1.17


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.

REPORT No. B03-6484

Rev. 1

Report To:

Ontario Clean Water Agency - Chrysler

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

1V 7P1

NO.:

Chrysler WTP

NO. 220008649

Adverse

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-6484-1	05-Aug-03	< 1	9	< 1	> 500	--
Well #1 Treated - 15642 County Rd 13	B03-6484-2	05-Aug-03	< 1	--	< 1	> 500	2.28
Dist. Post Office	B03-6484-3	05-Aug-03	< 1	--	< 1	< 2	1.24
Dist. S.P.S	B03-6484-4	05-Aug-03	< 1	--	< 1	--	1.40

MDL = Method Detection Limit

Krystyna Pipin, M. Sc.
Lab Supervisor

Accredited by the Standards Council of Canada and CAEL 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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6751

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 08-Aug-03

DATE REPORTED: 11-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:			Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:			cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:			08-Aug-03	08-Aug-03	08-Aug-03	08-Aug-03	
Client I.D.	Sample I.D.	Date Collected					
Well #1 Treated - 15642 County Road 13, Crysler	B03-6751-1	08-Aug-03	< 1	< 1	14	1.48	
Water Tower	B03-6751-2	08-Aug-03	< 1	< 1	< 2	1.23	

MDL = Method Detection Limit

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

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.

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6752

Rev. 3

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 09-Aug-03

DATE REPORTED: 12-Aug-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	09-Aug-03	09-Aug-03	09-Aug-03	09-Aug-03	

Client I.D.	Sample I.D.	Date Collected					
Well #1 Treated - 15642 County Road 13, Crysler	B03-6752-1	09-Aug-03	< 1	< 1	< 2	1.21	
Crysler Water Tower	B03-6752-2	09-Aug-03	< 1	< 1	< 2	1.65	


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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6841

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 12-Aug-03

DATE REPORTED: 18-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-6841-1	11-Aug-03	< 1	6	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-6841-2	11-Aug-03	< 1	--	< 1	< 2	1.55
Dist. Elevated Tank	B03-6841-3	11-Aug-03	< 1	--	< 1	< 2	1.15
Dist. Crysler Satellite	B03-6841-4	11-Aug-03	< 1	--	< 1	--	1.16



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

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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7172

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 19-Aug-03

DATE REPORTED: 21-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-7172-1	18-Aug-03	< 1	< 1	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-7172-2	18-Aug-03	< 1	--	< 1	< 2	0.94
Ecole	B03-7172-3	18-Aug-03	< 1	--	< 1	< 2	1.04
Home Hardware	B03-7172-4	18-Aug-03	< 1	--	< 1	--	0.80



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

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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7524

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 26-Aug-03

DATE REPORTED: 28-Aug-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-7524-1	25-Aug-03	< 1	170	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-7524-2	25-Aug-03	< 1	--	< 1	< 2	1.58
Dist. Post Office	B03-7524-3	25-Aug-03	< 1	--	< 1	6	1.00
Dist. Crysler Satellite	B03-7524-4	25-Aug-03	< 1	--	< 1	--	0.83


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.

Client: CRYSLER WELL SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0

Attention: Mr. Blair Henderson

Report Number: 2312455
Date: 2003-08-20
Date Submitted: 2003-08-13

Project:

P.O. Number:

Matrix:

Supply Water

Supply water														
Matrix:					GUIDELINE									
LAB ID: Sample Date: Sample ID:					MOE REG 170/03									

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

APPROVAL:

Ewan Mc
Inorganic Supervisor

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7935

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 03-Sep-03

JOB/PROJECT NO.:

DATE REPORTED: 05-Sep-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-7935-1	02-Sep-03	< 1	6	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-7935-2	02-Sep-03	< 1	--	< 1	2	1.19
Lower - Elevated Tank	B03-7935-3	02-Sep-03	< 1	--	< 1	4	0.85
Dist. S.P.S	B03-7935-4	02-Sep-03	< 1	--	< 1	--	0.88

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.

C.O.C.: —

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-8322

Report To:

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

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 09-Sep-03

JOB/PROJECT NO.:

DATE REPORTED: 11-Sep-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	09-Sep-2003	09-Sep-2003	09-Sep-2003	09-Sep-2003	09-Sep-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-8322-1	08-Sep-03	1	29	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-8322-2	08-Sep-03	< 1	--	< 1	< 2	1.17
Dist. Ecole	B03-8322-3	08-Sep-03	< 1	--	< 1	4	0.85
Dist. Home Hardware	B03-8322-4	08-Sep-03	< 1	--	< 1	--	0.70

K. P. y.
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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-8722

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 16-Sep-03

DATE REPORTED: 18-Sep-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-8722-1	15-Sep-03	< 1	4	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-8722-2	15-Sep-03	< 1	--	< 1	< 2	1.31
Dist. Post office	B03-8722-3	15-Sep-03	< 1	--	< 1	50	0.92
Dist. Crysler Satellite	B03-8722-4	15-Sep-03	< 1	--	< 1	--	0.85

K. Pipin

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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-9092

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 23-Sep-03

DATE REPORTED: 25-Sep-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Parameter Symbol:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
Scheme Code:	1	1	1	2	
Units:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
M.D.L.:	23-Sep-2003	23-Sep-2003	23-Sep-2003	23-Sep-2003	23-Sep-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-9092-1	22-Sep-03	< 1	6	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-9092-2	22-Sep-03	< 1	--	< 1	2	1.29
Dist. Elevated Tank	B03-9092-3	22-Sep-03	< 1	--	< 1	6	1.05
Dist. S.P.S	B03-9092-4	22-Sep-03	< 1	--	< 1	--	1.18

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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.

C.O.C.: 42446

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-9533

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 30-Sep-03

DATE REPORTED: 02-Oct-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-9533-1	29-Sep-03	< 1	5	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-9533-2	29-Sep-03	< 1	--	< 1	< 2	1.13
Dist. Home Hardware	B03-9533-3	29-Sep-03	< 1	--	< 1	< 2	0.91
Dist. S.P.S	B03-9533-4	29-Sep-03	< 1	--	< 1	--	0.92

K. Pipin

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.

Report Number: 2313863
Date: 2003-09-11
Date Submitted: 2003-09-04
Project:

Matrix:

Supply Water

P.O. Number:

Matrix:

GUIDELINE

GUIDELINE

MOE REG 170/03

LAB ID: Sample Date: Sample ID:				269943					GUIDELINE		
				2003-09-02					MOE REG 170/03		
				CRW-01-TREAT							
PARAMETER		UNITS	MDL	TREATED					TYPE	LIMIT	UNITS
N-NO2 (Nitrite)		mg/L	0.10	<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)		mg/L	0.10	0.10					MAC	10.0	mg/L

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

Comment:

APPROVAL:

Ewan Morrison
Inorganic Supervisor

Client: CRYSLER WELL SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0

Attention: Mr. Blair Henderson

Report Number: 2313863
Date: 2003-09-11
Date Submitted: 2003-09-04

Project:

P.O. Number:
Matrix:

LAB ID:		Supply Water	
269944		GUIDELINE	
2003-09-02			
Sample ID: CRW-02-DISTRI		MOE REG 170/03	
PARAMETER	UNITS	MDL	DISTRIBUTION
VOLATILE ORGANIC COMPOUNDS - VOCs			
Bromodichloromethane	ug/L	0.3	2.6
Bromoform	ug/L	0.4	<0.4
Chloroform	ug/L	0.5	6.6
Dibromochloromethane	ug/L	0.3	1.0
Trihalomethanes (total)	ug/L	2.0	10.2
VOC SURROGATES			
Toluene-d8	%		98
		MAC	100 ug/L

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

APPROVAL:

Mina Nasir
Organic Lab Supervisor

C.O.C.: 42450

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-9993

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 07-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 09-Oct-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-9993-1	06-Oct-03	< 1	> 200	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-9993-2	06-Oct-03	< 1	--	< 1	< 2	1.06
Dist. Tower	B03-9993-3	06-Oct-03	< 1	--	< 1	< 2	0.92
Dist. S.P.S	B03-9993-4	06-Oct-03	< 1	--	< 1	--	0.91

K. Pipin

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.

C.O.C.: 42483

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-10462

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 15-Oct-03

DATE REPORTED: 17-Oct-03

SAMPLE MATRIX: Drinking Water

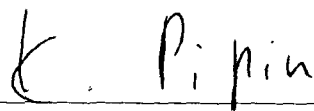
JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	15-Oct-2003	15-Oct-2003	15-Oct-2003	15-Oct-2003	16-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
CRW-01 Raw	B03-10462-1	14-Oct-03	2	60	< 1	--	--
CRW-02 WTP	B03-10462-2	14-Oct-03	< 1	--	< 1	< 2	1.38
CRW-03 Ecole	B03-10462-3	14-Oct-03	< 1	--	< 1	< 2	1.08
CRW-04 Crysler Sat.	B03-10462-4	14-Oct-03	< 1	--	< 1	--	0.99


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.

C.O.C.: 42646

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-10710

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 21-Oct-03

DATE REPORTED: 23-Oct-03

SAMPLE MATRIX: Drinking Water

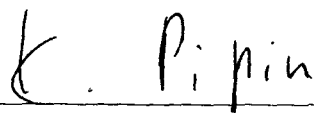
JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-10710-1	20-Oct-03	8	85	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-10710-2	20-Oct-03	< 1	--	< 1	< 2	1.09
Dist. Post Office	B03-10710-3	20-Oct-03	< 1	--	< 1	< 2	1.01
Dist. S.P.S	B03-10710-4	20-Oct-03	< 1	--	< 1	--	0.99



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.

C.O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11165

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 28-Oct-03

DATE REPORTED: 30-Oct-03

SAMPLE MATRIX: Drinking Water

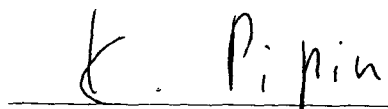
JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Crysler Well No.1 Raw	B03-11165-1	27-Oct-03	< 1	< 1	< 1	--	--
Crysler Well No.1 Treated	B03-11165-2	27-Oct-03	< 1	--	< 1	< 2	1.13
Sample 3	B03-11165-3	27-Oct-03	< 1	--	< 1	< 2	0.99
Sample 4	B03-11165-4	27-Oct-03	< 1	--	< 1	--	0.95



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.

C.O.C.: C-00209

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-11605

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 04-Nov-03

DATE REPORTED: 06-Nov-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003

Client I.D.	Sample I.D.	Date Collected					
Crysler Well No. 1 - Raw	B03-11605-1	03-Nov-03	1 ✓	7 ✓	< 1 ✓	--	--
Crysler Well No. 1 - Treated	B03-11605-2	03-Nov-03	< 1 ✓	--	< 1 ✓	< 2 ✓	1.09
CRW-03-Sun Gas	B03-11605-3	03-Nov-03	< 1 ✓	--	< 1 ✓	< 2 ✓	0.89
CRW-04-SPS	B03-11605-4	03-Nov-03	< 1 ✓	--	< 1 ✓	--	0.95

*Now b
Dave
Faxed*



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

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.

C.O.C.: C-00210

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-11947

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 11-Nov-03

DATE REPORTED: 13-Nov-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-11947-1	10-Nov-03	1 ✓	53 ✓	< 1 ✓	--	--
Well #1 Treated - 15642 County Rd 13	B03-11947-2	10-Nov-03	< 1 ✓	--	< 1 ✓	40 ✓	1.08
Dist. Ecole	B03-11947-3	10-Nov-03	< 1 ✓	--	< 1 ✓	4 ✓	0.89
Dist. Crysler Satellite	B03-11947-4	10-Nov-03	< 1 ✓	--	< 1 ✓	--	0.86

*Dave
Nov 14/03
Faxed*

K. Pipin

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.

C.O.C.: C-00211

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-12392

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 18-Nov-03

DATE REPORTED: 20-Nov-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-12392-1	17-Nov-03	1 ✓	24 ✓	<1 ✓	--	--
Well #1 Treated - 15642 County Rd 13	B03-12392-2	17-Nov-03	<1 ✓	--	<1 ✓	<2 ✓	1.15
Dist. 9 Queen St	B03-12392-3	17-Nov-03	<1 ✓	--	<1 ✓	<2 ✓	0.86
Dist. Home Hardware	B03-12392-4	17-Nov-03	<1 ✓	--	<1 ✓	--	0.81
Crysler Well #2 Standby Raw	B03-12392-5	17-Nov-03	<1 ✓	6 ✓	<1 ✓	--	--

*Done
Nov 21
Fated*

K. Pipin

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.

O.C.: C-00212

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-12760

Report To:

Ontario Clean Water Agency - Crysler
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

JOB/PROJECT NO.:

DATE REPORTED: 27-Nov-03

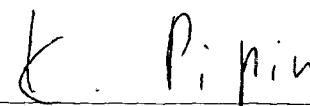
P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-12760-1	24-Nov-03	< 1	86	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-12760-2	24-Nov-03	< 1	--	< 1	272	1.29
Dist. Tower	B03-12760-3	24-Nov-03	< 1	--	< 1	2	0.85
Dist.SPS	B03-12760-4	24-Nov-03	< 1	< 1	< 1	--	--
Crysler Well #2 Standby Raw	B03-12760-5	24-Nov-03	< 1	--	< 1	--	0.88



Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = 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.

O.C.: C-00213

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-13125

Report To:

Ontario Clean Water Agency - Crysler
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

JOB/PROJECT NO.:

DATE REPORTED: 04-Dec-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-13125-1	01-Dec-03	2	46	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-13125-2	01-Dec-03	< 1	--	< 1	< 2	1.27
Dist. SPS #1	B03-13125-3	01-Dec-03	< 1	--	< 1	< 2	0.91
Dist. Sunny's Gas	B03-13125-4	01-Dec-03	< 1	< 1	< 1	--	--
Crysler Well #2 Standby Raw	B03-13125-5	01-Dec-03	< 1	--	< 1	--	0.92

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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.

O.C.: C-00214

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13543

Report To:Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 09-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 11-Dec-03

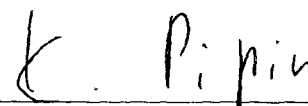
P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-13543-1	08-Dec-03	< 1	1	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-13543-2	08-Dec-03	< 1	--	< 1	< 2	1.64
Dist. Crysler Satellite	B03-13543-3	08-Dec-03	< 1	--	< 1	< 2	0.89
Dist. SPS	B03-13543-4	08-Dec-03	< 1	6	< 1	--	--
Crysler Well #2 Standby Raw	B03-13543-5	08-Dec-03	< 1	--	< 1	--	1.10

Krystyna Pipin
Lab Supervisor

M.D.L. = 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.

O.C.: C-00215

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-13916

Rev. 1

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 16-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 18-Dec-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #1 Raw	B03-13916-1	15-Dec-03	1	38	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-13916-2	15-Dec-03	< 1	--	< 1	< 2	1.12
Dist. Tower	B03-13916-3	15-Dec-03	< 1	--	< 1	< 2	0.88
Dist. Ecole	B03-13916-4	15-Dec-03	< 1	23	< 1	--	0.96
Crysler Well #2 Standby Raw	B03-13916-5	15-Dec-03	1	--	< 1	--	--

M.D.L. = Method Detection Limit


Greg Clarkin
Lab Manager - Ottawa District

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.

O.C.: C-00216

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-14188

Report To:

Ontario Clean Water Agency - Crysler
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

JOB/PROJECT NO.:

DATE REPORTED: 24-Dec-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-14188-1	22-Dec-03	< 1	< 1	< 1	--	--
Well #1Treated - 15642 County Rd 13	B03-14188-2	22-Dec-03	< 1	--	< 1	< 2	1.12
Dist.SPS	B03-14188-3	22-Dec-03	< 1	--	< 1	< 2	0.90
Dist. Home Hardware	B03-14188-4	22-Dec-03	< 1	3	< 1	--	--
Crysler Well #2 Standby Raw	B03-14188-5	22-Dec-03	< 1	--	< 1	--	0.72

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = 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.

C.O.C.: C-00217

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-14415

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 29-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 31-Dec-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #1 Raw	B03-14415-1	29-Dec-03	< 1	4	< 1	--	--
Well #1 Treated - 15642 County Rd 13	B03-14415-2	29-Dec-03	< 1	--	< 1	< 2	1.48
Dist. Tower	B03-14415-3	29-Dec-03	< 1	--	< 1	< 2	1.04
Dist. SPS	B03-14415-4	29-Dec-03	< 1	< 1	< 1	--	--
Crysler Well #2 Standby Raw	B03-14415-5	29-Dec-03	< 1	--	< 1	--	1.01

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = 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.

ACCUTEST LABORATORIES LTD.

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

CHAIN OF CUSTODY RECORD

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

LAB USE ONLY

Report Number: 2813063

Company Name: OCWA		Address: 5 INDUSTRIAL DR.		<input checked="" type="checkbox"/> Fax Results to: 448-1616	
Report Attention: DAVE MARKELL		City/Prov: CHESTERVILLE		Postal Code: KOC-140	
Phone: 448-3098		Waterworks #: 220008649		<input type="checkbox"/> E-mail Results to: _____ <input type="checkbox"/> Copy of Results to: _____	
		Project #		* Quotation #	

Invoice to:
(if different from above)

SAMPLE ANALYSIS REQUIRED

↔ Indicate: F=Filtered or P=Preserved

[illegible]

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

Page

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

Caduceon Laboratories

B03-7524
Bacteriological Sample Submission Form

[illegible]

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

Caduceon Laboratories 2378 Holly Lane, Ottawa, ON K1V 7P1 Tel: (613) 523-0123 Fax: (613) 731-0851

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

Caduceon Laboratories 2378 Holly Lane, Ottawa, ON K1V 7P1 Tel: (613) 523-0123 Fax: (613) 731-0851


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

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

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

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

[illegible]

Client:	OCWA	Contact:	DAVE MACKELL	Tel:	1-613-448-3098	Fax:	1-613-448-1616	Email:	1-613-448-1616
Address:	5 INDUSTRIAL DR. BOX 460 CHESTERVILLE ONT. K0C-1Y0								
Waterworks/Project#:	22008649								
Project Name:	CRYSLER								
Quote No.:	P.O. No.:								
ANALYSES REQUESTED (Print Test in Boxes) <input type="checkbox"/> Other: <input type="checkbox"/> Landfill Analysis <input type="checkbox"/> Landfill Monitoring									
									

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Regulatory (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided	Chlorine Residuals (mg/L)	# Bottles / Sample	Field Collected (Y/N)
	CRYSLER								
	CRW-01 Raw Production DW	DW	20/10/03	11:30	N	<input checked="" type="checkbox"/>		1	
	CRW-02 Treat WTP	DW	"	11:40	Y	<input checked="" type="checkbox"/>	1.09	1	2
	CRW-03 Treat Office	DW	"	12:00	Y	<input checked="" type="checkbox"/>	1.01	1	2
	CRW-04 Treat SPS	DW	20/10/03	12:30	Y	<input checked="" type="checkbox"/>	1.99	1	2

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 Dutton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2770, Email: contactkingston@caduceonlabs.com

Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel: (613) 526-0123 Fax: (613) 526-1144, Email: contactottawaeast@caduceonlabs.com (Shipping & Supplies)

Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1248, Email: contactottawawest@caduceonlabs.com (Administration)

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

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

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduconlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduconlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1148 Fax: (613) 228-1148, Email: contactottawaw@caduconlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-8272 Fax: (506) 855-8294, Email: contactmoncton@caduconlabs.com (Administration)

[illegible]

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

Laboratory Locations/ Shipping Addresses

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

B03-1947

47
~~48~~

603319

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

Laboratory Locations/ Shipping Addresses

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

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

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) 855-8294 Fax: (506) 855-8294, Email: contactmoncton@caduceonlabs.com

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

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



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

14317

Environmental Services

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

Report
Results
to:

Name: Dave Markell
 Company: OCWA
 Address: 5 Industrial dr.
 City: Chesterville
 Province, Postal Code: ONT. K0C-1M0
 Telephone Number: 613-4433093 Fax: 443-1616

LRL LIMS No.: _____

Received by (Date & Time): _____

Logged in by (Date): _____

Lab Batch ID: _____

Project No.: _____

Plant No.: _____

Quote No.: _____

Purchase Order No.: _____

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard ☐ RUSH ☐ Specify Date: _____

Time: _____

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Send
Invoice to:

Name: ↑
 Company: ↑
 Address: ↑
 City: ↑
 Province, Postal Code: ↑
 Telephone Number: ↑ Fax: ↑

Chain of
Custody

Sampled by: Bill Michels
 Packed and Shipped by: Dave Markell Date /Time: 9/12/3
 Shipment Method and WB#: _____ Date /Time: 09:00

Sample condition upon receipt: _____

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

Guideline: _____ Regulation: 170 Initial: _____

Temperature upon receipt: _____ °C

Special Instructions:

Analysis Requested (X) as Required

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

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled
1 TDW	Crysler Treated.	7	8/12/3	12:00
2 TDW	Crysler System SPS.	1	9/12/3	9:30
3				
4				
5				
6				
7				
8				
9				
10				

Antimony	Adicarb	Benzo(a)	Pyrene	Terbufos	NO ₂	NO ₃	THM.
X	X	X	X	X	X	X	
							X

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

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

Work Authorized by (Client or representative signature must accompany request): Dave Markell Date: Dec 9/03

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

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



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

14317

Environmental Services

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

Report Results to:

Name: Dave Markell
 Company: OCWA
 Address: 5 Industrial dr.
 City: Chesterville
 Province, Postal Code: ONT. K0C-1M0
 Telephone Number: 613-4433093 Fax: 443-1616

LRL LIMS No.:

Received by (Date & Time): Dec 13 15:47

Logged in by (Date):

Lab Batch ID:

Project No.:

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard ☐RUSH ☐

Specify Date:

Time:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Send Invoice to:

Name: A
 Company: A
 Address: A
 City: A
 Province, Postal Code: A
 Telephone Number: A Fax: A

Chain of Custody

Sampled by: Bill Michels
 Packed and Shipped by: Dave Markell Date /Time: 9/12/3
 Shipment Method and WB#: 25.00 Date /Time: 25.00

Sample condition upon receipt:

P1036244 7698
col
5.5 + 1.0

Temperature upon receipt: °C

Please specify any guideline or regulations that these samples may apply (i.e. ODWS, PWQO, Reg 558, GC50, MISA, MMER, CBWA).

Guideline: Regulation: 190 Initial:

Special Instructions:

Analysis Requested (X) as Required

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

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Antimony	Adicarb	Benzo(a)	Pyrene	Terbufos	Nor	N03	THA
TDW	Cryslar Treated.	7	9/12/3	12:00	X	X	X	X	X	X	X	
2 TDW	Cryslar System SPS.	1	9/12/3	9:30								X
3												
4												
5												
6												
7												
8												
9												
10												

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

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

Work Authorized by (Client or representative signature must accompany request):

Date: Dec 9/03

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

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

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

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

<input type="checkbox"/> ODWS Drinking Water Samples (459 ___ 505 ___)		<input type="checkbox"/> Provincial Water Quality Objectives		<input type="checkbox"/> MISA Guidelines		<input type="checkbox"/> Clean Up Criteria (A ___ B ___ C ___ D ___ E ___ F ___)	
<input type="checkbox"/> Non Regulated - Drinking Water		<input type="checkbox"/> Provincial Sediment Quality Guideline		<input type="checkbox"/> Landfill Analysis		<input type="checkbox"/> Other: _____	
Client: Ontario Clean Water Agency		Address: 5 Industrial Drive P.O. Box 460 Chesterville, ON K0C 1H0		ANALYSES REQUESTED (Print Test in Boxes)			
Contact: Dave Markell		Waterwork's/ Project#: 220008649 Project Name: CRYSLER		<div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">E. Coli</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Coliform</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Background</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">H.P.C.</div> </div>			
Tel: (613) 448-3098							
Fax: (613) 448-1616							
Email: dmarkell@ocwa.com		Quote No.:		P.O. No.:			

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided												Coliform		H. Coli		Total	Filtered (Y/N)
						E. Coli	Total Coliform	Background	H.P.C.	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other			
	CRW-01 CRYSLER WELL NO. 1 RAW	DW	08/12/03	1155	N	X	X	X															
	CRW-02 CRYSLER WELL NO. 1 TREATED	DW	"	1200	Y	X	X		X														
	CRW-03 CRYSLER SATELLITE CRW-03	DW	"	1250	Y	X	X		X														
	CRW-04 SPS	DW	"	1240	Y	X	X																
	CRW-05 CRYSLER WELL NO. 2 (STANDBY) - RAW	DW	"	1145	N	X	X	X															

Sample Submission Information		Turnaround Time Requested		Reporting Format		LABORATORY USE ONLY	
Sampled By (print): BILL MICHELS		24 Hrs <input type="checkbox"/> 48 Hrs <input type="checkbox"/>		Fax Results <input checked="" type="checkbox"/>		Received By (print):	
Submitted By (print): BILL MICHELS		72 Hrs <input type="checkbox"/> 5-7 Day <input type="checkbox"/>		Email <input type="checkbox"/>		Date (dd-mm-yy) Received:	
Signature: <i>Bill Michels</i>		Specific Date:		No. of Containers Shipped: 5		Comments:	
Date(dd-mm-yy): 08/12/03 Time: 1400		Method of Shipment:				Laboratory prepared bottles: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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

Laboratory Locations/ Shipping Addresses

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

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

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

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

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



☐ ODWS Drinking Water Samples (459 505)
☐ Non Regulated - Drinking Water

☐ Provincial Water Quality Objectives
☐ Provincial Sediment Quality Guideline

☐ MISA Guidelines
☐ Landfill Analysis

☐ Clean Up Criteria (A B C D E F)
☐ Other:

Client: Ontario Clean Water Agency

Address:

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

Contact:

Dave Markell

Tel: (613) 448-3098

Fax: (613) 448-1616

Waterwork's/ Project#:
 220008649

Project Name:
 CRYSLER

Email:
 dmarkell@ocwa.com

Quote No.:

P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

E. Coli

Total Coliform

Background

H.P.C.



B03-19415

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided										Chlorine (Res. mg/L)	Ammonia (mg/L)	Hardness (mg/L)
	CRYSLER WELL NO. 1 RAW ^{RAW-01}	DW	29/12/03	10 ⁰⁰	N		X	X	X							-	-	1
	CRYSLER WELL NO. 1 TREATED ^{CRW-02}	DW	"	10 ⁰⁵	Y		X	X		X						1.48	-	1
	TOWER ^{CRW-03}	DW	"	10 ³⁰	Y		X	X		X						1.04	-	1
	SPS ^{CRW-04}	DW	"	10 ³⁵	Y		X	X								1.01	-	1
	CRYSLER WELL NO. 2 (STANDBY) - RAW ^{CRW-05}	DW	"	10 ¹⁰	N		X	X	X							-	-	1

Sample Submission Information		Turnaround Time Requested		Reporting Format		LABORATORY USE ONLY	
Sampled By (print): BILL MICHAELS	24 Hrs <input type="checkbox"/> 48 Hrs <input type="checkbox"/>	Fax Results <input type="checkbox"/>		Received By (print):		Signature:	
Submitted By (print): BILL MICHAELS	72 Hrs <input type="checkbox"/> 5-7 Day <input type="checkbox"/>	Email <input checked="" type="checkbox"/>		Date (dd-mm-yy) Received:		Time Received:	
Signature: [Signature]	Specific Date:	No. of Containers Shipped 5		Comments:		Laboratory Prepared Bottles <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Date (dd-mm-yy): 29/12/03 Time: 11⁰⁰		Method of Shipment:		Page 1 of 1			

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

Laboratory Locations/ Shipping Addresses

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



Fax

To MOE MOH

Company _____

Fax Number 800-268-6061 933-7930

From Dave Markell

Date Jan 10/03

Number of Pages 8 (including this page)

Subject Crysler (220008649)

Jan 6/03 a provincial meat inspector
collected a bacti sample & submitted it
to the Ottawa Public Health ab. The
sample was collected from a ta at
Desormeaux Meats (Slaughter House) Bacti
results indicated >500 HPC NO E coli NO T. coli
The Local Abatement officer has instructed us
(as per attachment) to sample the site,
or adjacent on our next scheduled sample
date Monday Jan 13/03



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To Brend S
Company MOE
Fax Number 268-6061
From Dave
Date Jan 10/03
Number of Pages 3 (including this page)
Subject Crysler

Part 2 B 3 as requested.
Dave

SEP-12-2000 09:27

MOE SPILLS ACTION CENTRE

P.03



Ontario

Ministry
of the
Environment
Ministère
de
l'Environnement

Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation

In accordance with the Drinking Water Protection Regulation, Laboratories and Water Works Owners must immediately provide oral notification to the MOE Spills Action Centre (SAC) at 1-800-263-6868 or 1-816-325-3806 and the local Medical Officer of Health (MOH) of indication of adverse drinking water quality and exceedance of standards as defined in the Regulation and remedial actions taken. Further, within 24 hours of the oral notification, the party shall provide written notification on this completed form by Fax to the Spills Action Centre at 1-800-263-6868 or 1-816-325-3806 and the local Medical Officer of Health. Failure to notify these parties in accordance with the Regulation constitutes an offence under the Act. A copy of this form may be acquired through the Ministry of the Environment (MOE) public web site (www.gov.on.ca) or by contacting any MOE office.

PART 1 - NOTIFICATION BY LABORATORY

Indicators of Adverse Water Quality	<input checked="" type="checkbox"/> Phys/Chem <input type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	<input type="checkbox"/> Radiological <input type="checkbox"/> Exceeds IMAC <input type="checkbox"/> CoCA/Order <input type="checkbox"/> Exceeds Limit
ORAL NOTIFICATION to SPILLS ACTION CENTRE by LABORATORY to: Brian Pavik		
Date: Jan. 9/2003	Time: 4:30 p.m.	By: Olive Hsueh
Laboratory Name: Ottawa Public Health Lab	Laboratory Emergency Contact Name: Olive Hsueh	
Address: 2580 St. Laurent Blvd.	Position: Medical Lab Technologist	
Email address:	Phone #: 613-736-6800 Fax: 613-736-6820	
Waterworks Name: Desormeaux Works #223	Waterworks Emergency Contact:	
Works #: 220008649 (MOE)	Name:	
Location: 1 Queen St. Crystal ON	Position:	
Local Address:	Phone #:	
NOTIFICATION OF WATER WORKS OWNER		NOTIFICATION OF LOCAL MEDICAL OFFICER OF HEALTH
Person Contacted: Ontario Clean Water Agency		Person Contacted: Idalia (E.O.H.U.)
Position: Blair Henderson (Manager)		Position: Special Project Officer
Date: Jan 9/03	Time: 3:30 p.m.	Date: Jan. 9/03 Time: 13:30
Laboratory Written Notification Prepared by: (Lab Results must be attached using Part 3 of form)		Name (please print): OLIVE HSUEH
Signature: Olive Hsueh		Date: Jan. 9/03

PART 2 - NOTIFICATION BY WATER WORKS OWNER

Indicators of Adverse Water Quality	<input type="checkbox"/> Phys/Chem <input type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	<input type="checkbox"/> Radiological <input type="checkbox"/> Exceeds IMAC <input type="checkbox"/> CoCA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> This notification is for operational problems identified at the waterworks; there is no Laboratory notification associated with this report		
SPILLS ACTION CENTRE ORAL NOTIFICATION BY OWNER		WATERWORKS EMERGENCY CONTACT
Date: Jan 9/03	Time: 16:30	Name: Dave Markell
Waterworks Name: Chrysler	Position: Process Tech.	
Works #: 220008649	Phone #: 613-448-3098 Fax: 613-448-1616	
Water Person Providing Oral Notification: Dave Markell		
MEDICAL OFFICER OF HEALTH ORAL NOTIFICATION BY OWNER		REMEDIAL ACTIONS TAKEN BY OWNER:
Date: Jan 9/03	Time: 16:25	Resampling Increased <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted: LYNN		Increase Chlorine Dose <input type="checkbox"/> Yes <input type="checkbox"/> No
Position: NURSE		Flushing Main <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: 1-800-263-7120	Fax #: 933-7930	Other Actions Taken <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Person Providing Oral Notification: Blair Henderson	Description:	
Water Works Written Notification Prepared by:	Other information attached <input checked="" type="checkbox"/>	
Signature: Dave Markell	Name (please print): Dave Markell	
Date: Jan 10/03		
For Ministry Use Only: Corrective Report #:		


 Ministry
of the
Environment
Ministère
de l'Environnement

PART 3:

 ADVERSE ANALYTICAL RESULTS - For Indicators Listed in SCHEDULE 6 -
Drinking Water Protection Regulation

Microbiological Testing

Laboratory Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: : am)	Sample Type/ Location	Membrane Filtration (Conc./100ml)			P-A/100ml Presumptive/ Confirmed (if applicable)	EPC/ 1ml	Date of Analysis (M/D/Y)
				Total Coliforms	Back- ground	E.coli/ Fecal C.			
000608		01/06/03	Pasquaux Waste Transfer, 2001	0		0		1.3x10 ³	01/09/03

 ADVERSE ANALYTICAL RESULTS - For Parameters Listed in SCHEDULE 4 and 5 or in a C of A or Order
Drinking Water Protection Regulation

Physical/Chemical/Radiological Testing

Laboratory Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: : am)	Sample Type/ Location	Parameter	Result	Unit	MAC/ IMAC	Date of Analysis (M/D/Y)

Laboratory Results Authorized by:

Authorization Date:

Jan. 9/03

For Ministry Use Only:

(Occurrence Report #):

1402-00-0000

Page ____ of ____

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

Log for
OCWA Chesterville
1 613 448-1616
Jan 10 2003 1:32pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jan 10	1:32pm	Fax Sent	18002686061	0:50	3	OK



Ministry of the Environment

 113 Amelia Street
 Cornwall ON
 K6H 3P1

(813) 933-7402 Fax: (813) 933-6402

FAX COVER SHEET

Ministère de l'Environnement

 113 rue Amelia
 Cornwall (Ontario)
 K6H 3P1

(813) 933-7402 Télécopieur: (813) 933-6402

TO	FROM	DATE	TIME	PAGES*
OCWA	RHEAL DELAQUIS			5
COMMENTS AWQE - DESORMERY SITE JAN 6/02 448-1616				

TO	FROM	DATE	TIME	PAGES*
COMMENTS				

TO	FROM	DATE	TIME	PAGES*
COMMENTS				

TO	FROM	DATE	TIME	PAGES*
COMMENTS				

TO	FROM	DATE	TIME	PAGES*
COMMENTS				

TO	FROM	DATE	TIME	PAGES*
COMMENTS				

* Includes cover Page



Ministry of the
Environment

Caller or PO Information

Contact Name:		Name of Company:	
First Name Michelle	Last Name Jansen	OMAF Meat Inspection Division - Guelph	
Contact Mailing Address		Unit Identifier:	
Civic Address:			
Delivery Designator:		Delivery Identifier:	
Municipality:	Postal Station:	Province/State:	Postal Code:
North Stormont		Ontario	
Telephone Number:	Extension:	Fax Number:	Email Address:
(519)626-3725			

MOE Information

Date & Time Reported to MOE:	2003/01/09 15:05		
Office Receiving Incident Report:	Cornwall Area Office		
Incident Info Received By:	Rheal R. Delaquis		
MOE Response:	Not Determined	Site's MOE Region:	Eastern Region
Date & Time of MOE Arrival at Scene:			
Master Incident Report Number:			
SAC Action Class:			
Non-Standard Procedure (ERP): <input type="radio"/> Yes <input checked="" type="radio"/> No		ERP Name:	
ERP Call-out Date:		ERP Call out Time:	

Client(s)

Information:
Ontario Clean Water Agency Mailing Address: P.O. Box 460 Chesterville, Ontario, K0C 1H0, Chesterville, Ontario, Canada, K0C 1H0 Physical Address: 5 Industrial Drive., Ontario, Canada Telephone: (613)448-3098, FAX: (613)448-1616 Client #: 0905-SHMSDW, Client Type: Other - Agency

Site(s)

Information:
Crysler Water Treatment Plant Address: 15642 County Road 13, North Stormont, Township, United Counties of Stormont, Dundas & Glengarry District Office: Cornwall GeoReference: Map Datum: NAD27, Zone: 18, Accuracy Estimate: 10 -100 metres eg. Topographic Map. Method: Map, UTM Easting: 492500.00, UTM Northing: 5008790.00

Incident Information

Incident Summary:	Elevated HPC count in water supply
--------------------------	------------------------------------

cannot be longer than 50 characters	
Incident Description:	<p>Caller reported that a water sample was collected by their meat inspector at the Desormeaux Meat Shop on January 6, 2003 during the course of his inspection. An adverse water result was reported with HPC count of 1300. Caller indicated that SAC was advised but could not log the report because they did not have the MOE work number.</p> <p>Contacted the OCWA O- Blair Henderson, and advised him of the results. Blair provided works number (220008849) and also confirmed that water samples were collected by the agency on the same day at the Catholic school, located upgradient of the meat shop, and at the end of the DS downgradient from the meat shop. Chlorine residuals were 1.02 and 0.92 free chlorine respectively. OCWA was advised by MOE that resample could be performed at their next scheduled event and should include a sample from the meat shop or adjacent to the meat shop on the same distribution line.</p> <p>Caller was contacted and provided with the above information.</p>
Attachments:	
Date of Incident:	2003/01/06
Time of Incident:	15:38
Sector/Source Type:	
Nearest Watercourse:	
Watershed Category Code:	
Environmental Impact:	
Nature of Impact:	
Incident Cause:	
Incident Reason:	
Damaged Party:	No

Contaminants Table							
	Contaminant	Code	UN#	Limit	Quantity	[units]	[freq]

Controller of Material:		Owner of Material:	
Estimated Clean Up Cost:		Who Cleaned Up:	
% Clean Up:	%	Agencies Involved:	

Offence(s)


Suspected Violation(s)/Offence(s):
Act - Regulation - Section, Description (General Offence)

Waste/EGR Information

Description of Incident Location:
Reason for EGR Issue:
Waste Specification:
Class Name - Class Code - Hazard Description - Quantity [Units] - Physical State, Description
Manifest No:
Waste Site Name (Receiver):
Waste Site Co/A (Receiver):

Waste Management System Client
Name (Carrier):

Waste Management System
CofA No (Carrier):

Reference Number:	5715-5HMS87	File Storage Number:	SISTFI530
Module:	Incident Reporting	Module Type:	Other - Drinking Water Monitoring Exceedance
Cross Reference:	(doc link)	Task Link:	0386-5HMSAK 
Created by:	Rheal R. Delaquis	Date Completed:	
Date Created:	2003/01/09	Bring Forward Reason:	
Bring Forward Date:			
Status:	Recommended		
Program	Water - Communal	Activity	Pollution Incident Reports (ORIS)

District Provincial Officer:

Name: Rheal R. Delaquis
Badge No: 591
Work Unit: Abstement
District Office: Cornwall Area Office
Date: 2003/01/09

Signature:

**District Supervisor:**

Name:
Work Unit:
District Office:
Date:

Signature:

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

Log for
OCWA Chesterville
1 613 448-1616
Jan 10 2003 9:28am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jan 10	9:22am	Fax Sent	16139337930	5:52	8	OK

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

Log for
OCWA Chesterville
1 613 448-1616
Jan 10 2003 9:20am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jan 10	9:18am	Fax Sent	18002686061	1:59	8	OK



Fax

To MOE Cornwall
Company Rheal Delaguis
Fax Number _____
From Dave Markell
Date Jan 16/03
Number of Pages 2 (including this page)
Subject Crysler Water.

Rheal, find attached the results
of the Jan 13/03 bacti samples for
Crysler. The Dist SPS is directly
across the street from Desormeaux
Abattior.

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

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

Attention: Dave Markell

Report: 230000448
Project: Chrysler WTP
Date Sampled: January 13, 2003
Date Received: January 14, 2003
Date Printed: January 16, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification			
			Well #1 Raw	Well #1 Treated	Dist. SPS	Dist. Chrysler Satellite
Total Chlorine	mg/L	0.05		1.26	1.14	1.00
Free Chlorine	mg/L	0.05		1.18	1.04	0.90
E. coli	/100mL	1	absent	absent	absent	absent
Heterotrophic Plate Count	/mL	2		absent	26	
Background bacteria	/100mL	1	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent

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

Log for
OCWA Chesterville
1 613 448-1616
Jan 16 2003 3:34pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jan 16	3:34pm	Fax Sent	1 613 933-6402	0:30	2	OK



Fax

To MOH MOE
Company _____
Fax Number (613) 933-7930 1 800 268 6061
From BLAIR HENDERSON
Date AUG 08/03
Number of Pages 5 (including this page)
Subject ADVERSE WATER QUALITY

WORKS # 220008649
CRYSLER WTF - TREATED WATER
HPC > 500 T. COLI - < 1 E. COLI - < 1
DISINFECTED TAPS AT SAMPLE POINTS
& FLUSHED TAPS.
RE-SAMPLED @ CRYSLER WTF &
@ CRYSLER WATER TOWER.
ENSURED CHLORINE FREE RESIDUAL
GREATER THAN 0.5 mg/l

Blair Henderson



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse		Micro <input checked="" type="checkbox"/> Exceeds Standard		Phys/Chem <input type="checkbox"/> Exceeds Standard		Radiological <input type="checkbox"/> Exceeds Standard	
Water Quality						CofA/Order <input type="checkbox"/> Exceeds Limit	
Oral Notification to SPILLS ACTION CENTRE							
Person Contacted: <u>Ryan</u>				Date: <u>08/08/03</u>		Time: <u>1:15pm</u>	
Person Notifying: <u>Andrea Schneider</u>				AWQI Notification No (s) <u>13910</u>			
Laboratory Name: <u>Caduceon Environmental Laboratory</u>				Laboratory Emergency Contact Name <u>Krystyna Pipin</u>			
Address <u>2378 Holly Lane Ottawa</u>				Position <u>Laboratory Supervisor</u>			
Telephone # of Lab (613) 526-0123				Phone # (613) 526-0123		Fax # (613) 526-1244	
Drinking-Water System (DWS) Name <u>Crysler</u>				DWS Emergency Contact <u>Ontario Clean Water Agency</u>			
DWS (Waterworks) # <u>220008649</u>				Name <u>Dave Markoll</u>			
Location <u>15142 County Rd 13</u>				Position			
Telephone # of Waterworks (613) 448-3098				Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner				Oral Notification to Local Medical Officer of Health			
Person Contacted <u>Blair Henderson</u>				Person Contacted <u>Irene Marchand</u>			
Position <u>Officer Manager</u>				Position <u>Admin Assistant</u>			
Date <u>08/08/03</u>		Time <u>1:00pm</u>		Date <u>08/08/03</u>		Time <u>1:10pm</u>	
Laboratory Written Notification Prepared by: <u>Andrea Schneider</u> (Lab Results must be attached using Section 3 of this form)							
Signature <u>Andrea Schneider</u>				Date <u>08/08/03</u>			
For Ministry Use Only:				Report No.			



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details:			
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
AUG 8/03	13:37	13910			
Person Contacted		DWS EMERGENCY CONTACT			
MICHAELA WYKE		Name			
DWS Name		BLAIR HENDERSON			
CRYSLER WTP		Position			
DWS (Waterworks) #		OPERATIONS MANAGER			
220008649		Phone #		Fax #	
DWS Person Providing Oral Notification		(613) 448-3098		(613) 448-1666	
BLAIR HENDERSON		CORRECTIVE ACTION(S) TAKEN BY OWNER:			
Oral Notification to MEDICAL OFFICER OF HEALTH		Resample/Re-test			
Date	Time	Disinfectant Restored/ Increased		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
AUG 8/03	1356 HRS	Flushing Mains/Pipes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted		Users Advised to Boil/Seck Alternate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLAUDETTE LAROSE		OTHER - Describe:			
(SECRETARY)		Other information attached <input type="checkbox"/>			
Position		Initial DWS Notification Prepared by:			
RECEPTIONIST		BLAIR HENDERSON			
Phone #		Signature			
(800) 267-7120		Fax #		Date	
(613) 933-7930		BLAIR HENDERSON		August 08/03	
DWS Person Providing Oral Notification		Date			
BLAIR HENDERSON		August 08/03			

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

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

Notice of Adverse Test Results and Other Problems

Page 3 of 4

Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version July 9, 2003)


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in – Drinking-Water Systems Regulation

Microbiological Testing

AWQI Notifica- tion Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	Membrane Filtration Count/100 mL				P-A/ 100mL Confirmed	HPC / 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
					Total Coliforms	TC Back- ground	E. coli Fecal C.	<input checked="" type="checkbox"/>					
13910	B03-6434-2		05/08/03	Treated	0	-	0	-	-	>500	06/08/03	08/08/03	08/08/03

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

Physical/Chemical/Radiological Testing

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

Results Authorized By: Andrea Schneider

Authorization Date: 08/08/03

For Ministry Use Only:

Report No.:

Notice of Adverse Test Results and Other Problems

Notice of Issue Resolution at Drinking Water Systems (FIBS 4444E Version July 9, 2003)

Page 4 of 4

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6484

Rev. 1

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 626-0123
Fax 526-1244

DATE SUBMITTED: 06-Aug-03

DATE REPORTED: 08-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Crysler WTP

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03

Client I.D.	Sample I.D.	Date Collected				
Well #1 Raw	B03-6484-1	05-Aug-03	< 1	9	< 1	--
Well #1 Treated - 15642 County Rd 13	B03-6484-2	05-Aug-03	< 1	--	< 1	> 500
Dist. Post Office	B03-6484-3	05-Aug-03	< 1	--	< 1	< 2
Dist. S.P.S	B03-6484-4	05-Aug-03	< 1	--	< 1	--

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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.

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

Log for
OCWA
613 448-1616
Aug 08 2003 4:02pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 8	4:01pm	Fax Sent	18002686061	1:11	5	OK

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

Log for
OCWA
613 448-1616
Aug 08 2003 3:53pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 8	3:51pm	Fax Sent	16139337930	1:58	5	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To

ELIZABETH CHOPP

Company

OCWA

Fax Number

(416) 314-5455

From

BLAIR HENDERSON

Date

AUG 08/03

Number of Pages

11 (including this page)

Subject

ADVERSE WATER QUALITY

LIZBETH,

ATTACHED ARE THE WRITTEN NOTIFICATION
TO MOH & MOE. I HAVE
CALLED INARC ETHER.

ANY QUESTIONS PLEASE CALL
613-448-3098

Blair

Crysler WTR & Kemptonville Agro. Bldg

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

Log for
OCWA
613 448-1616
Aug 08 2003 4:14pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 8	4:10pm	Fax Sent	14163145455	4:00	11	OK

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

Log for
OCWA
613 448-1616
Aug 08 2003 4:17pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 8	4:15pm	Fax Sent	16139697452	2:03	11	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To CINDY

Company OCWA

Fax Number 969-7452

From BLAIR HENDERSON

Date AUG 8/03

Number of Pages 11 (including this page)

Subject ADVERSE WATER

C. regalis WTF &
ORC Kemptonville Agroforestry Bldg.
Any questions please call 448-3098
Blair

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6484

Report To:

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

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

DATE SUBMITTED: 06-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 06-Aug-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:	Total Coliform	Background	Heterotrophic Plate Count	Free Chlorine	
Units:	ctc/100mL	ctc/100mL	ctc/1mL	mg/L	
MDL:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03	

Client I.D.	Sample I.D.	Date Collected				
Well #1 Raw	B03-6484-1	05-Aug-03	< 1	8	--	--
Well #1 Treated - 15642 County Rd 13	B03-6484-2	05-Aug-03	< 1	--	> 500	2.28
Dist. Post Office	B03-6484-3	05-Aug-03	< 1	--	< 2	1.24
Dist. S.P.S	B03-6484-4	05-Aug-03	< 1	--	--	1.40

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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6751

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0G 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 520-0123
Fax 528-1244

DATE SUBMITTED: 08-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 11-Aug-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:		Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:		cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:		1	1	2		
Reference Method:		MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:		08-Aug-03	08-Aug-03	08-Aug-03	08-Aug-03	

Client I.D.	Sample I.D.	Date Collected				
Well #1 Treated - 15642 County Road 13, Crysler	B03-6751-1	08-Aug-03	< 1	< 1	14	1.48
Water Tower	B03-6751-2	08-Aug-03	< 1	< 1	< 2	1.23

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6752
Rev. 3

Report To:

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

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

DATE SUBMITTED: 09-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 12-Aug-03


P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	09-Aug-03	09-Aug-03	09-Aug-03	09-Aug-03	

Client I.D.	Sample I.D.	Date Collected					
Well #1 Treated - 15642 County Road 13, Crysler	B03-6752-1	09-Aug-03	< 1	< 1	< 2	1.21	
Crysler Water Tower	B03-6752-2	09 Aug 03	< 1	< 1	< 2	1.65	


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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.



Fax

To MOE Mort.

Company _____

Fax Number 800-268-6061 613-933-7930

From Dave Markell

Date Aug. 13/03.

Number of Pages 4 (including this page)

Subject Crysler Adverse Water

- As Per Sched. 16-9 of regulations
Notice of issue resolution.

- Works # 220008649

- Adverse report of Aug 8/03

- find attached follow-up resamples
and Section 2(b) of written Notice
of issue resolution.

Dave



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details:		
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
AUG 8/03	13:37	13910			
Person Contacted		DWS EMERGENCY CONTACT			
MICHAELA WYKE		Name			
DWS Name		BLAIR HENDERSON			
CRYSLER WTP		Position			
DWS (Waterworks) #		OPERATIONS MANAGER			
220008649		Phone #		Fax #	
DWS Person Providing Oral Notification		(613) 448-3098		(613) 448-1616	
BLAIR HENDERSON					
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:			
Date	Time	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
AUG 8/03	1356 HRS				
Person Contacted		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLAUDETTE LAROSE					
(SECRETARY)		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
RECEPTIONIST					
Phone # (800) 267-7120		Fax # (613) 933-7930		OTHER - Describe:	
DWS Person Providing Oral Notification		Other information attached <input type="checkbox"/>			
BLAIR HENDERSON					
Initial DWS Notification Prepared by:		BLAIR HENDERSON			
Signature		Date			
Blair Henderson		August 08/03			

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

Date Resolved:	Date Resolution Notice Provided:
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Treated water at plant (original problem) and treated at water tower (downstream) resampled twice all results good. All sample taps disinfected.	
Prepared By:	Signature:
Dave Markell	Dave Markell
Date:	
Aug 13/03	
For Ministry Use Only:	Report No.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6751

Report To:

Ontario Clean Water Agency - Crysler
5 Industrial Dr
Chesterville ON K0G 1H0
Attention: Dave Markell

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

DATE SUBMITTED: 08-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 11-Aug-03

P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	08-Aug-03	08-Aug-03	08-Aug-03	08-Aug-03	
Client I.D.	Sample I.D.	Date Collected			
Well #1 Treated - 15642 County Road 13, Crysler	B03-6751-1	08-Aug-03	< 1	< 1	14 1.48
Water Tower	B03-6751-2	08-Aug-03	< 1	< 1	< 2 1.23

K. P.
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL 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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6752

Rev. 3

Report To:

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

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

DATE SUBMITTED: 09-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 12-Aug-03

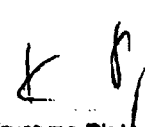
P.O. NUMBER: Crysler WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 220008649

Parameter:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
MDL:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	09-Aug-03	09-Aug-03	09-Aug-03	09-Aug-03	

Client I.D.	Sample I.D.	Date Collected					
Well #1 Treated - 15642 County Road 13, Crysler	B03-6752-1	09-Aug-03	< 1	< 1	< 2	1.21	
Crysler Water Tower	B03-6752-2	08 Aug 03	< 1	< 1	< 2	1.65	


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.

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

Log for
OCWA
613 448-1616
Aug 13 2003 10:45am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	10:43am	Fax Sent	16139337930	1:32	4	OK

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

Log for
OCWA
613 448-1616
Aug 13 2003 10:42am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	10:42am	Fax Sent	18002686061	0:56	4	OK



Fax

To

Dan A / Cindy S

Company

3#

Fax Number

416-314-5455

613-969-7452

From

Dewe Markell

Date

Aug 13/02

Number of Pages

2

(including this page)

Subject

Cryden Adverse of Aug. 8

- Attached Notice of Issue Resolution
sent to MOE / MOH

- bacti results were attached to their
copy.

Dewe

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

Log for
OCWA
613 448-1616
Aug 13 2003 10:52am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	10:52am	Fax Sent	16139697452	0:32	2	OK

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

Log for
OCWA
613 448-1616
Aug 13 2003 10:50am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	10:49am	Fax Sent	14163145455	0:58	2	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To Jan Tronssen
Company MOE
Fax Number (613) 933-6402
From Blair Henderson
Date Aug 15/03
Number of Pages 2 (including this page)
Subject Crysler Water Aug 5/03 Results

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

Log for
OCWA
613 448-1616
Aug 15 2003 1:18pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 15	1:17pm	Fax Sent	1 613 933-6402	0:32	2	OK

Crysler Water Treatment

#	ISSUE	ACTION REQUIRED	RESPONSIBILITY	COMPLIANCE DATE	RESOLVED
1	Installation of Standby Sodium Hypochlorite tank with auto switch over and spill containment.	Engineer to purchase equipment & provide dwgs.	Engineer/OCWA	July 1, 2003	
2	Install flow meter on pump to waste line.	Engineer to purchase equipment & provide dwgs.	Engineer/OCWA	July 1, 2003	
3	Install Particle Counter.	Engineer to purchase equipment & provide dwgs.	Engineer/OCWA	pending	
4	Install catch basin and discharge piping for pump to waste.	Municipality to purchase & install. Drwgs by Engineer.	Municipality/Engineer	July 1, 2003	
5	As constructed drawings and Process instrumentation diagrams.	Engineer to provide	Engineer	1 year from construction.	
6	Well head protection and delineation plan.	After area study complete, develop site specific plan.	Municipality/OCWA/Engineer	July 1, 2003	
7	Engineers Report (2nd)		Engineer	September 30, 2004	
8	Purchase 2 new chlorine pumps.	Obtain approval to purchase from Municipality.	OCWA	July 1, 2003	

NOTIFICATION OF SODIUM EXCEEDANCE

<u>Facility</u>	<u>Exceeds 20 mg/L</u>	<u>Notified MoH</u>
Chesterville WTP	Yes	October 10, 2001
Winchester WTP	Yes	October 10, 2001
Moose Creek WTP	Yes	October 10, 2001
Finch WTP	Yes	October 10, 2001
Crysler	No	

Ministry of
the Environment

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

Ministère de
l'Environnement

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.

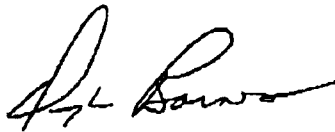
In accordance with the attached Update, if you are required to submit a second Engineer's Report, that report will not be due on the date specified in Condition 6 of your Consolidated Certificate of Approval or specified by O. Reg. 459, but will instead be due within five years of your original Engineer's 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.

- 2 -

Also note that all other requirements of your Consolidated Certificate of Approval continue to apply, including the date specified for the completion of any upgrades required to be made to your water works.

If you have any questions or comments in regards to the proposed regulation, please make them through the Environmental Registry. Should you have any questions in regards to your Consolidated Certificate of Approval, please contact the Environmental Assessment and Approvals Branch of the Ministry at (416) 314-8001 or 1-800-461-6290.



Doug Barnes

Attachment

Pour obtenir une version française de ce document, veuillez téléphoner au 416 314-6654.



Ministry
of the
Environment

Ministère
de
l'Environnement

February 2003

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.

Scott Burrows

(613) 544-2770

06/17/2002 07:32:05 PM P.2

CADUCEON

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

MEMO

Date: June 17th 2002.

Re: Microbiological Testing and Reporting as per Reg 459/00 and 505/01

I want to assure you that all drinking water samples submitted to ETRL/Caduceon Environmental Laboratories are being tested for both E. coli and Total Coliform. Samples are tested by either membrane filtration or presence/absence at your request by acceptable accredited methods.

As well all procedures pertaining to reporting of adverse results required by the regulations are being followed by ETRL/Caduceon Laboratories staff.

If you require copies of our microbiological methods and/or reporting procedures please email Angela Henderson at etrlinfo@kingston.net.

If you have any questions or concerns please do not hesitate to call.

Sincerely,

Steve Garrett

Branch Offices

Kingston Lab, 135 Duffin Ave. Kingston, ON K7K 6C2 Tel: (613) 544-2001 Fax: (613) 544-2770
Napain Lab, 40 Cornet Dr. Napain, ON K2G 6X8 Tel: (613) 228-1148 Fax: (613) 228-1148
Ottawa Lab, 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 528-0123 Fax: (613) 528-1244

ETRL

Division of Caduceon Enterprises Inc.

133 Dalton Ave. Kingston, ON K7K 6G2 Tel: (613) 544-2001 Fax: (613) 544-2770 email: etrl@kingston.net

05 March 2002

re: HPC reporting

To all drinking water clients:

You have probably already noticed the recent change we have made in reporting HPC results. Samples with no detection of HPC will now be reported as <10 cfu/mL. We recently changed our analysis protocol to incorporate 100 uL of sample instead of 1000 uL. This will allow us to more clearly identify and count plates at and above the objective of 500 cfu/mL. The ODWS objective for HPC is 500 cfu/mL so a results reported as <10 cfu/mL will be acceptable by the Ministry of the Environment.

I hope we have not caused any confusion with this recent change.

If you have any questions please do not hesitate to contact me at (613)544-2001.

Regards's

Steve Garrett
Lab MangerAttn: Blaine H.
Dave M.

Corporate Office

Caduceon Enterprises Inc 40 Camelot Dr. Nepean, ON K2G 5X8 Tel: (613) 228-1145 Fax: (613) 228-1148

Branch Offices

Attn: Canada 40 Camelot Dr. Nepean, ON K2G 5X8 Tel: (613) 228-1145 Fax: (613) 228-1148
Caduceon Enterprises Inc Environmental Laboratory 2378 Holy Lane Ottawa, ON K1V 7P1 Tel: (613) 526-0123 Fax: (613) 526-1244

Ministry
of the
Environment

Ministère
de
l'Environnement

125 Resources Road
Etobicoke ON M9P 3V8

125, chemin Resources
Etobicoke ON M9P 3V8



Environmental Monitoring and Reporting Branch

April 2, 2001

RHEAL CHARBONNEAU
CLERK
2 VICTORIA ST.
P.O. BOX 99
BERWICK ON K0C 1G0

To the Waterworks Owner:

Re: Water Works Owner User ID

Section 7 (5) of O. Reg. 459/00, the Drinking Water Protection Regulation, requires that the owner of a water treatment or distribution system submit notice of the identity of the laboratory conducting the analysis of their water samples to the ministry Director three working days prior to having that analysis carried out. This applies to the first time laboratory notification for new works or changes in laboratories being used for existing works.

A notice form entitled *Notification of Laboratory Services Provided to Water Works* was initially made available to works owners to satisfy this requirement on the Ministry's internet site <http://www.ene.gov.on.ca/envision/WaterReg/Pibs4062.pdf>). Information originally submitted on this form is now accessible over the internet through the Drinking Water Web Site (DWWS). The use of this web site will allow owners to promptly notify the Ministry on-line, of all future laboratory notifications. The internet address for DWWS is www.environet.gov.on.ca .

Water works owners require a User ID and password for each of their water works to access plant specific laboratory notification information in DWWS. A listing of the User IDs for each of your water works is provided below.

For security purposes the password for each of your works will be mailed in a separate letter. The provision to change your User ID and password online is now available and the Ministry is presently working on a system to allow water works owners to consolidate all their water works under one User ID and password.

(Over)

-2-

Thank you for your attention to this matter. If you have any questions regarding access to the web site, please call toll free 1-800-440-6389 or e-mail at service.desk@omafra.gov.on.ca.



Ed Piché, Director

cc: Jim MacLean, ADM, Environmental Sciences and Standards
Bern Schnyder, Laboratory Services Branch

User ID	WorksNumber	WorksName
W220008649	220008649	CRYSLER WELL SUPPLY
W210003912	210003912	FINCH WELL SUPPLY
W220008033	220008033	MOOSE CREEK WELL SUPPLY

Ministry
of the
Environment

Ministère
de
l'Environnement

125 Resources Road
Etobicoke ON M9P 3V6

125, chemin Resources
Etobicoke ON M9P 3V6

Environmental Monitoring and Reporting Branch



April 10, 2001

RHEAL CHARBONNEAU
CLERK
2 VICTORIA ST.
P.O. BOX 99
BERWICK ON K0C 1G0

A handwritten signature in black ink, appearing to read "A.H. Blair H.", written over a horizontal line.

To the Waterworks Owner:

Re: Water Works Owner Passwords

This is a follow up to the previous letter of April 2, 2001 providing you with the User ID for your waterworks.

Section 7 (5) of O. Reg. 459/00, the Drinking Water Protection Regulation, requires that the owner of a water treatment or distribution system submit notice of the identity of the laboratory conducting the analysis of their water samples to the ministry Director three working days prior to having that analysis carried out. This applies to the first time laboratory notification for new works or changes in laboratories being used for existing works.

A notice form entitled *Notification of Laboratory Services Provided to Water Works* was initially made available to works owners to satisfy this requirement on the Ministry's internet site <http://www.ene.gov.on.ca/envision/WaterReg/Pibs4062.pdf>). Information originally submitted on this form is now accessible over the internet through the Drinking Water Web Site (DWWS). The use of this web site will allow owners to promptly notify the Ministry on-line, of all future laboratory notifications. The internet address for DWWS is www.environet.gov.on.ca .

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 passwords for each of your water works is provided below.

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)

-2-

Thank you for your attention to this matter. If you have any questions regarding access to the web site, please call toll free 1-800-440-6389 or e-mail at service.desk@omafra.gov.on.ca.



Ed Piché, Director

cc: Jim MacLean, ADM, Environmental Sciences and Standards
Bern Schnyder, Laboratory Services Branch

Password	WorksNumber	WorksName
W220008649	220008649	CRYSLER WELL SUPPLY
W210003912	210003912	FINCH WELL SUPPLY
W220008033	220008033	MOOSE CREEK WELL SUPPLY



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive
Chesterville, Ontario
K0C 1H0

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

March 26, 2003

Township of North Stormont
P.O. Box 99
2 Victoria Street
Berwick, Ontario
K0C 1G0

Attention: Rheal Charbonneau and Council

Dear Rheal and Council;

SUBJECT: Crysler Water Treatment Facility - Annual Compliance Report for 2002

Attached please find the Annual Compliance Report for the Chrysler 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 # 0088-5E4QN4.

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 compliance report on their behalf.

To fulfill condition 4(e) of the C of 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: **Crysler Water Treatment Facility - Annual Compliance Report for 2002**

To fulfill condition 4(f) of the C of A, please make this report available for inspection by any member of the public during normal business hours without charge at the Municipal Office, along with the quarterly water quality reports required by s.11 of O.Reg 459/00.

I certify that I have reviewed the attached report on behalf of the Township of North Stormont.

If you have any questions regarding this report, please feel free to contact this office.

Sincerely,

Dave Markell
Process/Compliance Technician
Chesterville Hub

- c.c. Blair Henderson, Operations Manager, Chesterville Hub, OCWA
- c.c. Cindy Spencer, Regional Compliance Advisor, Eastern Region, OCWA
- c.c. John Kingsbury, Client Services Representative, Chesterville Hub, OCWA



A stipulation of the Chrysler Water Treatment Plant Certificate of Approval #0088-5E4QN4 requires the Owner prepare an Annual Report detailing compliance with all Terms and Conditions of the Certificate of Approval.

A brief description of the Terms and Conditions of the Certificate of Approval Number 0088-5E4QN4 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 5.4 inclusive

- to ensure implementation of recommendations contained in the Engineer's Report prepared in 2000.

Subsequent Engineer's Reports

Condition 6.0 through 6.2 inclusive

- to ensure a second and subsequent Engineer's Reports are prepared by specific dates.

Revocation of Existing Approvals

Condition 7.0 through 7.3 inclusive

- to stipulate that the new Consolidated Certificate of Approval replaces only those Certificates pertaining to the water treatment works, and that existing Certificates of Approval remain in force for the distribution system and elevated storage tanks.

Information

Condition 8.0 through 8.2 inclusive

- to emphasize the distinction between the requirements of the Certificate of Approval and other legal requirements with which the Owner is required to comply.

Change of Ownership

Condition 9.0 through 9.3 inclusive

- to ensure Ministry of Environment records are kept accurate and current and new Owners of water works are made aware of the Certificate of Approval.

Interpretation

Condition 10.0 through 10.2 inclusive

- to clarify that the Certificate of Approval is to be judicially interpreted, and specifically, to clarify that the requirements of the Certificate of Approval are severable and that they prevail over supporting documentation.



**Ontario Clean Water Agency
Agence Ontarienne Des Eaux**

**Annual Compliance Report
for the
Crysler 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". Statement of Compliance	1
2	"Non-Compliance with Terms and Conditions of the Certificate of Approval". Details of the non-compliance as well as how and when any non-compliance was corrected.	10
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/SAC		
Appendix II - Blank Community Complaint Form		
Appendix III - Summary of Raw Water Flows		
Appendix IV - Summary of Raw, Treated and Distribution Water Analytical 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 Crysler 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) # 0088-5E4QN4, 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 Crysler Water Treatment Facility.

Crysler WTF - Compliance With Terms and Conditions of the Certificate of Approval	
<u>Conditions 1.1 through 1.5: Performance</u>	
<u>Condition 1.1</u>	The Crysler 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 # 0088-5E4QN4.
<u>Condition 1.2</u>	(a) Permit To Take Water # 93-P-4006; Expiry Date February 28, 2003 (b) Should maximum total flow rate exceed the rate specified in PTTW # 93-P-4006, an application for amendment will be submitted.
<u>Condition 1.3</u>	The Crysler water treatment plant is operated to treat water at a rate not exceeding the maximum flow rate of 1170 L/min (1684.8 m ³ /day) (total).
<u>Condition 1.4</u>	(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 1,170 L/min (1684.8 m ³ /day) (total).
<u>Condition 1.5</u>	The disinfection facilities in the Crysler 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;

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Conditions 2.1 through 2.2: Monitoring and Recording

Condition 2.1(a)(i) A sufficient number of flow measuring devices are NOT installed to measure the daily quantity and flow rate of water being taken from each well. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".

Condition 2.1(a)(ii) A sufficient number of flow measuring devices are installed, maintained, and operated to measure the flow rate of treated water 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)(i) A continuous free chlorine analyzer with an acceptable quality control band and an alarm system is installed at the point of entrance to the distribution system and is calibrated as per the manufacture's instructions.

Condition 2.1(e)(ii) A turbidimeter with an acceptable quality control band and an alarm system is installed at the point of entrance to the distribution system and is calibrated as per the manufacturer's instructions.

Condition 2.1(e)(iii) A fluoride analyzer with an acceptable quality control band and an alarm system is installed at the point of entrance to the distribution system and is calibrated as per the manufacturer's instructions.

Condition 2.1(f) All water sampling and analysis was completed in accordance with Ontario Regulation 459/00.

Condition 2.1(g) All water samples collected to satisfy clause (f) above have a composition which is representative of the water stream from which they are taken, and also in accordance with the instructions provided by the accredited laboratory performing the analysis.

Condition 2.2 All records and information related to or resulting from the monitoring, sampling, and analyzing activities required by the C of A are retained for a minimum of five (5) years from the date of their creation.

In addition to providing a Statement of Compliance, C of A Condition 4(c)(i), requests a detailed description of the measures taken to ensure compliance with all of the terms and conditions of this Certificate, Conditions 3.1 through 3.14, and the requirements of the "Ontario Drinking Water Standards", including any supporting data or other information. As stated earlier the Terms and Conditions of this approval are defined under Condition 1 - Performance.

The following tables represent a detailed description of the measures taken to ensure compliance with this Certificate, including any supporting data or other information.

**Crysler 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 River Conservation Authority and the Ministry of the Environment initiated a regional groundwater study. The primary goal of the study is to develop effective groundwater strategies and promote groundwater source protection. The primary objectives of the study are to define wellhead protection areas, assess contaminant sources and contaminant pathways, and recommend components of a groundwater protection strategy.

Condition 3.2 - There were no repairs to the water supply or distribution system, or interruptions in the operation of the water supply in 2002 that resulted in negative pressure conditions in the distribution system. A contingency plan has been developed to be followed should such an event occur.

Condition 3.3 - The OCWA, on behalf of the owner, ensured that there was an operator who holds a valid licence that is applicable to the Chrysler Water Treatment Facility, and that is of the same class as or higher class than the class determined for the water treatment plant in accordance with O. Reg 435/93, as amended from time to time, and who was responsible for the operation of the water treatment plant.

Condition 3.4 - The OCWA, in conjunction with the owner, ensured that, at all times, the works and the related equipment and appurtenances used to achieve compliance with this Certificate were properly operated. Proper operation and maintenance shall include effective performance, adequate funding, adequate operator staffing and training, including training in all procedures, and other requirements of the Certificate and the Act and regulations, adequate laboratory facilities, process controls and alarms, and the use of process chemicals and other substances that come in contact with water being treated, that are suitable for the process, compatible with each other and appropriate for drinking water.

Condition 3.5 - The OCWA, on behalf of the owner, ensured that all chemicals used in the treatment process and all materials contacting the water met both the American Water Works Association (AWWA) quality criteria as set out in AWWA standards and the American National Standards Institute (ANSI) safety criteria as set out in ANSI standard NSF/60 or NSF/61.

Condition 3.6 - The OCWA, on behalf of the owner, was not notified by the Director to discontinue use of any chemical.

Condition 3.7 - The OCWA, on behalf of the owner, has established written procedures for notification of the Medical Officer of Health and the Ministry of the Environment required by O. Reg 459/00, and ensured that these procedures are followed. These procedures have been prepared as part of OCWA's Environmental Management System (EMS) and are contained in the site specific Environmental Contingency Plan binder. A copy of these procedures are attached as Appendix I.

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval****Conditions 3.1 through 3.14: Operations and Maintenance (cont'd)**

Condition 3.8 - The OCWA, on behalf of the owner, has established site specific contingency plans and procedures and ensure that adequate equipment and material are available for dealing with emergencies, upset conditions and equipment breakdowns in the works, and that such plans and procedures are implemented. This will be available for inspection by Ministry personnel and/or the public upon request.

Condition 3.9 - The OCWA, on behalf of the owner, provided an operations manual that incorporated, at a minimum, the requirements of the C of A, and any adopted operation and maintenance recommendations of the Engineer's Report based on which this Certificate has been issued.

Condition 3.10 - The OCWA, on behalf of the owner, has ensured that the operations manual includes any monitoring and reporting of necessary raw water and in-process parameters that are essential for control of the treatment process. The manual also contains procedures that are required for adequate operation and maintenance of the monitoring equipment.

Condition 3.11 - In 2002, there were no new water works completed.

Condition 3.12 - The Owner ensured that a Process and Instrumentation Diagram (PID) for the entire water treatment plant was prepared and kept up-to-date, including timely incorporation of all modifications made to the works throughout its operations life. A copy of these drawings is stored either at the facility or at the OCWA Hub Office, and will be made available for inspection by Ministry personnel upon request.

Condition 3.13 - The Owner keeps a complete set of up-to-date drawings and diagrams required to be prepared by Conditions 3.11 and 3.12, and all existing record drawings which are currently in retention throughout the operational life of the water works, and shall make them readily available for inspection by Ministry personnel upon request.

Condition 3.14 - The OCWA, on behalf of the owner, has established procedures for receiving, responding to, and recording complaints about any aspects of the works, including recording the steps that were taken, if any, to determine the cause of the complaint and the corrective measures taken to alleviate the cause and prevent its reoccurrence.

Attached as Appendix II, please find a blank copy of a Community Complaint Report. OCWA staff record all pertinent information regarding the complaint including the facility name and address, the complainant's name, date of complaint, nature of complaint, complaint description, and action taken in response. Once the complaint has been addressed and remedied, all pertinent information is recorded and stored in an electronic database created by the OCWA. Currently OCWA staff are required to submit all community complaint forms (if any) to the Hub Office.

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval****Condition 4: Annual Compliance Report**

Condition 4.1(a) The Owner shall ensure that a written report detailing compliance with all terms and conditions of this approval is completed annually ("Compliance Report").

Condition 4.1(b) The first Compliance Report shall cover a period commencing not later than the date of issue of this Certificate to the end of the calendar year in which the Certificate is issued and shall be completed and made available not later than March 31 of the following year. Each subsequent Compliance Report shall be completed and made available not later than March 31 following the end of the calendar year to which the Compliance Report applies.

Condition 4.1(c) A Compliance Report shall include, at a minimum, the following information:

- (i) Under a heading of 'Compliance with Terms and Conditions of the Certificate of Approval', a statement as to compliance with all of the terms and conditions of the Certificate and a detailed description of the measures taken to ensure compliance with the Certificate, including any supporting data or other information;
- (ii) In the event of any non-compliance during the reporting period, and under a heading of 'Non-Compliance with Terms and Conditions of the Certificate of Approval', details of the non-compliance as well as details of how and when any non-compliance was corrected;
- (iii) A summary and discussion of the quantity of water supplied during the reporting period compared to the rated capacity specified in this Certificate of Approval, including monthly average and maximum daily flows;
- (iv) A summary of records made under Condition 2.1 related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate, including raw water and in-process parameters as specified in the operations manual in accordance with Condition 3.10; and
- (v) A summary listing treatment chemicals used, including average dosage rates with special reference to any abnormal usages.

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

Condition 4.1(e) Within three months of completion of the Compliance Report, the Owner shall confirm by a resolution of council that the Compliance Report has been presented to council.

Condition 4.1(f) The Owner shall ensure that copies of the Compliance Report are available for inspection by any member of the public during normal business hours without charge and at the same location as that required by s.11 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.

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval****Condition 5: Upgrading Requirements**

Condition 5.1(a) A hydrogeological study was undertaken to establish whether or not the groundwater source is under the direct influence of surface water. The results of this assessment indicate that there is effective in situ filtration for the Chrysler well water supply. As previously noted in the WESA GUDI report, the well site neighbours an expanding sand and gravel pit operation that may potentially reduce the current level of in situ filtration. Consequently, long term monitoring of the impact on in situ filtration by the sand and gravel pit is necessary.

The Municipality, in conjunction with the Raisin River Conservation Authority and the Ministry of the Environment, initiated a regional groundwater study. The primary goal of the study is to develop effective groundwater strategies and promote groundwater source protection. The primary objectives of the study are to define wellhead protection areas, assess contaminant sources and contaminant pathways, and recommend components of a groundwater protection strategy.

Condition 5.2 By July 1, 2003, the Municipality shall implement the following physical improvements to the works, in keeping with recommendations of the Engineer's Report and related correspondence:

- (a) All works and measures necessary to meet the requirements of Procedure B13-3
- (b) All works and measures necessary to ensure the effective treatment and integrity of the works, including but not limited to:
 - (i) stand-by hypochlorite solution storage tank with automatic switch-over when connected tank is empty or alternative approved by the Ministry. To address this condition, the Municipality has contracted Genivar Consulting Group to ensure the installation of a stand-by hypochlorite solution storage tank with automatic switch-over.

Condition 5.3 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 5.2 above.

Condition 5.4 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.

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval****Condition 6: Subsequent Engineer's Reports**

Condition 6.1 The Owner will ensure that a second Engineer's Report will be prepared no later than September 30, 2004, or as amended by the Ministry of the Environment

Condition 6.2 The owner will ensure that subsequent Engineer's Reports will be submitted to the Director not later than the third anniversary of the previous report, or as amended by the Ministry of the Environment.

**Crysler 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 # 0088-5E4QN4.

Any works Certificate of Approval which are not subject to C of A # 0088-5E4QN4 remain in force. (i.e., distribution system or its portion including distribution storage facilities not associated with a water treatment process)

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 8: **Information**

Condition 8.1 The requirements in this Certificate shall not be construed as limiting in any way the ability of the Ministry to request or require the Owner to furnish any information related to compliance with this Certificate, as limiting in any way the authority of the Ministry to require certain steps be taken, or as evidence of the fulfillment of the obligation to report or notify of non-compliance where reporting or notification is required by a statute, regulation, order or other approval.

Condition 8.2 In the event the Owner provides the Ministry with information, records, documentation or notification in accordance with this Certificate ("Information"),

- (a) the receipt of the Information by the Ministry;
- (b) the acceptance by the Ministry of the Information's completeness or accuracy; or
- (c) the failure of the Ministry to prosecute the Owner or to require the Owner to take any action, under this Certificate or any statute or regulation in relation to the Information shall not be construed as an approval, excuse or justification by the Ministry of any act or omission of the Owner relating to the Information, amounting to non-compliance with the Certificate.

**Crysler 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.

**Crysler WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 10: **Interpretation (Severability and Conflicts)**

Condition 10.1 The requirements of this Certificate are severable. If any requirement of this Certificate, or the application of any requirement of this Certificate to any circumstance, is held invalid, the application of such requirement to other circumstances and the remainder of this Certificate shall not be affected thereby.

Condition 10.2 In all matters requiring the interpretation and implementation of this Certificate, the conditions of the Certificate shall take precedence, followed by the documentation submitted in support of the applications associated with any previously issued Certificates of Approval for works which are part of the works approved by this Certificate.

The following is a detailed description of the measures taken to ensure compliance with the requirements of the "Ontario Drinking Water Standards", dated January 2001, as amended from time to time.

**Crysler 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 Crysler Water Treatment Facility is from a groundwater source. The Crysler 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)(g) 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 Crysler 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.

Crysler WTF - Non-Compliance With Terms and Conditions of the Certificate of Approval
<p><u>Monitoring and Recording</u></p> <p><u>Condition 2.1(a)(i):</u> 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.</p> <p><u>Condition 2.1(c):</u> 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.</p> <p><u>Condition 2.1(d):</u> 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.</p>

The following table provides a detailed description of non-compliance with the requirements of the "Ontario Drinking Water Standards".

Crysler WTF - Non-Compliance With The Ontario Drinking Water Standards
<p>On August 26, 2002, a treated water sample from Well # 1 was found to exceed the Ontario Drinking Water Standards as set out in Ontario Regulation 459/00. Well # 1 treated water exceeded MAC for Heterotrophic Plate Count with a result of 600/ml. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. There was a minimum chlorine residual in the distribution system of greater than 0.2 mg/L. Subsequent re-sampling indicated no adverse results.</p>

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 Chrysler WTF is 1684.8 m³/day (1,170 L/min). The monthly average flow for the reporting period was 215 m³/day, and the maximum daily flow for the reporting period was 419 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:

C of A Condition 2.1(d) as previously identified in Section 2, the necessary equipment is not in place to monitor well flow rates in L/min as specified in the PTTW.

Summary of Analytical Results of Sampling:

Samples of raw and treated water have been collected and analyzed for parameters at locations and frequencies in accordance with Ontario Regulation 459/00. A copy of the analyses performed during the reporting period are found in Appendix IV. The summary report provides microbiological results for Raw, Treated, and Distribution system samples, in-house process parameters such as Free and Total Chlorine residuals, and Turbidity results. The tables summarize the results for treated water Volatile Organics results, Inorganic Chemical results, and Pesticides and Polychlorinated Biphenyl (PCB) results.

SECTION 5 "Summary Listing Treatment Chemicals used, including average dosage rates with special reference to any abnormal usages"

Attached as Appendix V is a summary listing the treatment chemicals used at the Crysler Water Treatment Facility during the reporting period along with the corresponding treated water flows.

The treatment system provides fluoridation plus disinfection. The type of chemicals used in the system are as follows:

1. Hydrofluosilicic Acid - Hydrofluosilicic Acid with a concentration of approximately 25% is used for the fluoridation system. It is fed up to a single injection point located in the water pumping station. Fluoride levels are measured at the outlet of the pumping station through the use of a continuous fluoride analyzer, which provides a digital readout. Normal operations require a fluoride level between 0.5 and 0.8 mg/L leaving the pumping station. The chemical dosage range is 0.4 to 0.53 mg/L
2. Sodium Hypochlorite - A 12% solution of sodium hypochlorite is used for disinfection. It is fed to a single injection point located in the water pumping station. The flow of hypochlorite is controlled at the metering pump. The frequency and stroke length can be adjusted to achieve the desired flow. The chemical dosage range is 1.32 to 1.92 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 furthestmost point in the distribution system.

Interpretation of Results:

The chemical dosage amounts used during the reporting period were consistent with the water demands of the system (i.e. flow). A review of the results shows that there were no abnormal usages of treatment chemicals during the reporting period.


END

APPENDIX I

Written Procedures for Notification of the Medical Officer of Health

&

the Ministry of the Environment Spills Action Centre

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
<p align="center">Crysler Water Treatment Facility</p>	

ADVERSE WATER QUALITY

Classification: Compliance - Regulatory (O. Reg.. 459/00)

Solution: To report indicators of adverse water quality, OCWA as the operating authority will be acting on behalf of the owner (client) to fulfil the obligations on notifications to the proper authority i.e.. Ministry of the Environment Spills Action Centre (SAC), Medical Officer of Health (MOH) and the Owner of the water works (client).


1. Laboratory will notify water works sampler (operating authority, i.e. OCWA) of an adverse water quality sample, verbally by telephone and by faxing the notification form, Notice of Drinking Water Analysis and Remedial Action for Waterworks, Part 1- Notification by Laboratory. To the (operating authority, i.e. OCWA)

1.(a) Laboratory will notify the Ministry of the Environment, Spill Action Centre and the Local Medical Officer of Health or his/her designate.

2. The operating authority will **immediately** notify the Ministry of the Environment, Spills Action Center at 1-800-268-6060 or 1-416-325-3000 and **immediately** the notify the area Medical Officer of Health 1-800-267-7120. The operating authority must record the **name** of the person the notification was reported to, the **time** and **date** of the incident, and record the information in the water works daily plant log at the water works plant for OCWA verification.

3. After receiving Part 1, Notification faxed by Laboratory, the operator must fill out the section labelled - Part 2 (Notification by Waterworks Owner).

4. The filled out form Part 1 and Part 2(**Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation**) is to be faxed to SAC MOE (1-800-268-6061 or 1-416-325-3011) and to the local MOH 1-613-933-7930.

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
<p style="text-align: center;">Crysler Water Treatment Facility</p>	

Indicators of Adverse Water Quality:


- ♦ E.Coli, fecal coliform, or total coliform detected in any required sample other than a raw water sample.
Corrective Action: Increase the chlorine dosage and flush the mains to ensure that a total chlorine residual of at least 1.0 mg/L or a free chlorine residual of 0.2 mg/L is achieved at all points in the affected parts of the distribution system. Resample and analyze. Corrective action should begin immediately and continue until bacteria are not detected in two consecutive sets of samples, or as instructed by the local Medical Officer of Health.

- ♦ Unchlorinated water is directed to the distribution system, where chlorination is used or required. This includes water in the distribution system which has less than 0.05 mg/L of free chlorine when tested.
Corrective Action: Restore chlorine immediately and follow instructions as directed by local Medical Officer of Health.

- ♦ Samples other than raw water samples contain more than 500 colonies per mL on an HPC plate count or more than 200 background colonies on a total coliform membrane filter analysis.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- ♦ Aeromonas spp., pseudomonas aeruginosa, staphylococcus aureus, clostridium spp., or fecal streptococci (group D) are detected in samples other than raw water.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- ♦ Laboratory results show that a parameter exceeds the MAC or IMAC set out for the parameters in Schedule 4 or 5.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
Crysler 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 - Posting Warning Notice Reg. 495/00.

This statement will change with the level of water contamination. In some cases the water contamination maybe very difficult to correct and pending on the chemical analysis involved this may require some sort of special treatment process to correct the problem. The local medical officer of health may go directly to an MOH order.

Owner/Operator must post a warning notice to the public in the following situation:

(1) non - compliance with sampling and analysis requirements of Section 7(1) for microbiological parameters (set out in Schedule 2 or as an additional requirements of an approval, order or direction) Reg./495/00 ; or

(2) if notice is required to be given to the Local Medical Officer of Health and the Ministry of the Environment because of a microbiological parameter in Schedule 6 and the owner has not taken corrective action for an indicator of adverse water quality set out in Schedule 6. Reg. 495/00

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
Crysler Water Treatment Facility	

Where Should the Notice be posted? (Section 10 (2) and (3)) Reg. 495/00

The notice should be posted in such a place where it would be easy for members of the community to see it. If the owner doesn't post the notice, a provincial officer from the Ministry of the Environment or the public health inspector may post warning and issue a Provincial Officer's Order.

Notifying the Press

All press related issues will be handled by the Client Service Representative (CSR) or the Hub manager.

APPENDIX II

Blank Community Complaints Form

**Ontario Clean Water Agency
Community Complaints**

Facility ID: _____
Facility Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Name of Person who filed
Complaint: _____

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 03/19/2003
Time of Complaint: 11:35:13 AM

Nature of Complaint

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Water Supply Taste/Colour | <input type="checkbox"/> Water Pressure/No Water |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Service Problem | <input type="checkbox"/> Basement Flooding |
| <input type="checkbox"/> Odour | <input type="checkbox"/> Sludge Related | |
| Other: _____ | | |

Description:

Action taken in response:

Was the source of the problem identified?: ☐ Yes ☐ No

Was the source an OCWA facility/activity?: ☐ Yes ☐ No If "Yes", describe:

If any remedial action is required, complete action plan form

Updated By: Kimberley Baker 03/19/2003 11:35:13 AM

Comments:

APPENDIX III

Annual Summary of Raw Water Flows

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

Les renseignements personnels qui figurent dans le présent formulaire sont recueillis 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. Prière d'adresser toute question au bureau régional du ministère de l'Environnement le Plus proche.

Year: 2002

Année

Permit No.:

93-P-4006

N° de permis

Source: Groundwater Well #1

Name of Permittee: TOWNSHIP OF FINCH (CRYSLER)

Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE, ON K0C1H0

Adresse postale

Location Of Taking:

Lieu de la prise d'eau

15642 COUNTY ROAD 13

Twp. or Municipality:

Canton ou municipalité

TOWNSHIP OF NORTH STORMONT

Concession:

CON. 9

Lot:

LOT 20

Date Of Taking	Hours Of Taking	Rate Of Taking	Amount Of Taking	Maximum Rate of Taking	Remarks
Date de la prise d'eau	Heure	Litres/sec	m ³	m ³ /day	Observations
Débit de prise d'eau			Volume des prises	Taux de prélèvement maximum	
JAN	89.50	17.47	5,616	211	
FEB	85.80	17.18	5,306	216	
MAR	92.60	17.55	5,838	215	
APR	98.10	17.31	6,106	363	
MAY	105.60	17.59	6,673	363	
JUN	100.50	17.82	6,443	236	
JUL	108.00	17.98	6,985	267	
AUG	116.30	17.81	7,457	288	
SEP	115.30	17.67	7,330	309	
OCT	114.20	17.69	7,255	419	
NOV	102.10	17.78	6,529	269	
DEC	109.00	17.77	6,967	290	

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

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

Signature

Date

Brian Hender Jan 07/03

APPENDIX IV

Raw, Treated, & Distribution Analytical Results.

ONTARIO CLEAN WATER AGENCY

WATER PLANT PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: TOWNSHIP OF NORTH STORMONT
 PROJECT: CRYSLER WATER SUPPLY
 PROJ. NUM.: 7-0719
 WORKS NUM.: 220008649

YEAR: 2002
 WATER SOURCE: GROUNDWATER
 DESIGN CAP.: 1.685 X 1000 m3/d

DESCRIPTION: Two deep wells equipped with submersible pumps capable of delivering 19.5 L/s, a sodium hypochlorination disinfection system, fluoride feed/injection system, and an elevated storage tank.

MONTH	SYSTEM FLOWS (TREATED)			HEALTH RELATED PARAMETERS			DISINFECTION			BACTI (INDICATE NO. OF SAMPLES)				RAW WATER	
	TOTAL	AVG DAY	MAX DAY	AVG	AVG	AVG	AVG.FREE	AVG. TOT.	MIN. FREE	E.C. / T.C. Not Detected		E.C. / T.C. Detected		E.COLI.	E.COLI.
	FLOW	FLOW	FLOW	TURB.	SODIUM	FLUORIDE	CL2 RESID	CL2 RESID	CL2 RESID	HPC < 500		HPC >500			
	1000 m3	1000 m3	1000 m3	(NTU)	(mg/l)	Resid.(mg/L)	Treated (mg/l)	Treated (mg/l)	Distrib. (mg/l)	TREAT	DIST	TREAT	DIST	ABSENT	PRESENT
JAN	5.616	0.181	0.211	0.06	4.00	0.53	1.22	1.54	0.60	15	25	0	0	5	0
FEB	5.306	0.190	0.216	0.07		0.54	1.07	1.37	1.00	12	20	0	0	4	0
MAR	5.838	0.188	0.215	0.08		0.53	1.17	1.43	1.00	12	20	0	0	4	0
APR	6.106	0.204	0.363	0.08		0.64	1.20	1.69	1.00	15	25	0	0	5	0
MAY	6.673	0.215	0.363	0.06		0.60	1.44	1.66	0.80	12	20	0	0	6	0
JUN	6.443	0.215	0.236	0.07		0.59	1.41	1.48	0.70	12	20	0	0	4	0
JUL	6.985	0.225	0.267	0.06		0.66	1.29	1.42	0.80	15	25	0	0	5	0
AUG	7.457	0.241	0.288	0.05		0.68	1.37	1.14	0.60	17	26	1	0	6	0
SEP	7.330	0.244	0.309	0.05		0.66	1.01	1.11	0.57	15	25	0	0	5	0
OCT	7.255	0.234	0.419	0.05		0.64	1.06	1.11	0.51	12	20	0	0	4	0
NOV	6.529	0.218	0.269	0.08		0.67	0.92	1.08	0.61	12	20	0	0	4	0
DEC	6.967	0.225	0.290	0.04		0.60	1.00	1.01	0.59	15	25	0	0	5	0
TOTAL	78.51									164	271	1	0	57	0
AVG		0.215		0.06	4.00	0.61	1.18	1.3	0.7						
MAX			0.419	0.08	4.00	0.68	1.44	1.69	0.51						
CRITERIA		0.675	1.685	1.00	20.00	1.20	4.00		0.05						

MEETS ODWS	YES	YES	YES	YES	YES	YES	YES	YES	YES						
------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	--	--	--	--	--	--

COMMENTS: FLUORIDE SYSTEM IN OPERATION, JULY 1997.
 AS OF AUGUST 27, 2000, THE TREATED WATER IS TO BE SAMPLED AS PER ODWS

REMEDIAL
ACTION:

Chemical Sampling Results

Table B: Volatile Organics

Parameters	Units	Treated Water	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	1.6 - 3.4	<0.3 - 1.8			
Bromoform	ug/L	<0.4	<0.4			
Chloroform	ug/L	4.0 - 10.0	3.6 - 5.1			
Dibromochloromethane	ug/L	<0.3 - 1.6	<0.3 - 0.6			
TOTAL THMs	ug/L	6.1 - 15.0	4.4 - 7.5	100		

- **MAC** - Maximum Acceptable Concentration.
- **IMAC** - Interim Maximum Acceptable Concentration.
- **AO** - Aesthetic Objective

Table C: Inorganics

Parameters	Units	Treated Water	System	MAC	IMAC	AO
Arsenic	mg/L	<0.001			0.025	
Barium	mg/L	0.08		1.0		
Boron	mg/L	<0.05			5.0	
Cadmium	mg/L	<0.0001		0.005		
Chromium (Total)	mg/L	0.002		0.05		
Copper	mg/L	0.037				1.0
Iron	mg/L	<0.01				0.30
Lead	mg/L	<0.001	<0.001	0.01		
Manganese	mg/L	0.01				0.05
Mercury	mg/L	<0.001		0.001		
Nitrite	mg/L	<0.1		1.0		
Nitrate	mg/L	<0.1 - 0.65		10.0		
Selenium	mg/L	<0.001		0.01		
Uranium	mg/L	<0.001		0.10		
Fluoride	mg/L	0.5 - 0.8		1.50		
Sodium	mg/L	4				200.00
Colour	TCU					5.00
Comments:						

Table D: Pesticides & PCB

Parameters	Units	Treated Water	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	<5.0	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	30.0		
2,4-Dichlorophenoxy acetic acid (2,4-D)	ug/L	<1.0		100.0	
Diclofop-methyl	ug/L	<0.90	9.0		
Dimethoate	ug/L	<2.5		20.0	
Dinoseb	ug/L	<1.0	10.0		
Diquat	ug/L	<7.0	70.0		
Diuron	ug/L	<10	150.0		
Glyphosate	ug/L	<10		280.0	
Heptachlor + Heptachlor epoxide	ug/L	<0.012 - <0.3	3.0		
Lindane	ug/L	<0.006 - <0.4	4.0		
Malathion	ug/L	<5.0	190.0		
Methoxychlor	ug/L	<0.024 - <90	900.0		
Metolachlor	ug/L	<0.5		50.0	
Metribuzin	ug/L	<5.0	80.0		
Paraquat	ug/L	<1.0		10.0	
Parathion	ug/L	<1.0	50.0		
Pentachlorophenol	ug/L	<0.5	60.0		30.0
Phorate	ug/L	<0.5		2.0	
Picloram	ug/L	<5.0		190.0	
Polychlorinated Biphenyls	ug/L	<0.05 - <0.3		3.0	
Prometryne	ug/L	<0.25		1.0	
Simazine	ug/L	<1.0		10.0	
Temephos	ug/L	<10		280.0	
Terbufos	ug/L	<0.7		1.0	
2,3,4,6-Tetrachlorophenol	ug/L	<0.5	100.0		1.0
Triallate	ug/L	<1.0	230.0		
2,4,6-Trichlorophenol	ug/L	<0.5	5.0		
2,4,5-Trichlorophenoxy acetic acid	ug/L	<1.0	280.0		20.0
Trifluralin	ug/L	<1.0		45.0	

APPENDIX V

Summary of Treatment Chemicals Used

Summary of Treatment Chemicals and Average Dosages

Year 2002	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Kilograms of Chlorine used	10.7	9.4	9.6	9.2	9.5	8.4	9.4	10.7	9.8	9.9	8.3	10.9	93.7
Average Chlorine dosage mg/l	1.92	1.77	1.66	1.50	1.42	1.30	1.34	1.43	1.33	1.32	1.27	1.54	
Kilograms of Flouride used	2.5	2.8	2.9	2.6	2.7	3.3	3.5	3.5	3.3	3.6	2.5	3.0	16.1
Average Flouride dosage mg/l	0.44	0.53	0.50	0.43	0.46	0.51	0.50	0.47	0.45	0.50	0.40	0.43	



Flow Meter Calibration Schedule

End Date: 12/31/2002

CHESTERVILLE HUB [CHES]

Equipment ID	Description	Manufacturer	Location	Service Status	Next Scheduled	Last Completed
PRESCOTT WWTP [5674]						
0000102096	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	03/02/2000
0000102097	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	08/29/2000
0000102098	METER FLOW BYPASS SPS6	MILL	FLOW	IN	03/01/2002	12/21/2000
0000102161	METER FLOW NEW WEXFORD SPS5	ABB	FLOW	IN	03/01/2002	08/29/2000
CHESTERVILLE WWTLCS [5677]						
0000101571	METER FLOW RAW SEWAGE	DANF	COLL	IN	08/01/2002	08/08/2000
WINCHESTER WWLCS [5679]						
0000073413	METER FLOW 01 MAGNETIC LAGOON	ENDRES	COLL	IN	08/01/2001	
0000101696	METER FLOW RAW SEWAGE OTTAWA S	VOLUME	FLOW	IN	08/01/2002	08/08/2000
0000101709	METER FLOW LAGOON DISCH CHAMB	MILL	FLOW	IN	08/01/2002	08/08/2000
WINCHESTER WW&DS [5705]						
0000101751	METER FLOW WELL 04	KENT	DIST	IN	08/01/2002	08/08/2000
0000101767	METER FLOW DISCH WELL 01	KENT	WWE	IN	08/01/2002	08/08/2000
0000101781	METER FLOW WELL 05	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101803	METER FLOW WELL 06	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101823	METER FLOW DISCHARGE WELL 07	ABB	WWE	IN	08/01/2002	08/08/2000
CHESTERVILLE WW&DS [5708]						
0000101625	METER FLOW HL TRT RESV BLDG	KENT	HL	IN	08/01/2002	08/08/2000
0000101628	METER FLOW LOW LIFT RESV BLDG	FISH	LL	IN	08/01/2002	08/08/2000
0000101650	METER FLOW WELL 1 DISCH	NEPTU	WWE	IN	08/01/2002	08/08/2000
FINCH WW&DS [5811]						
0000101219	METER FLOW RAW WATER	ROCK	FLOW	IN	08/01/2002	08/08/2000
0000101247	METER FLOW TREATED WATER	SIGNA	FLOW	IN	08/01/2002	08/08/2000
CHRYSLER WWTL [6053]						
0000101150	METER FLOW RAW SEWAGE SPS	ENDRES	COLL	IN	08/01/2002	08/08/2000
CHRYSLER WATER WELL SYSTEM [6054]						
0000101100	METER FLOW TREATED DISCH	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWEDS [6608]						
0000101006	METER FLOW 01 WELL FS-1	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101007	METER FLOW 02 WELL FS-2	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101008	METER FLOW 03 WELL FS-3	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101030	METER FLOW TRT WATER	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWLCS [6990]						
0000101073	METER FLOW LAGOON DISCH	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101087	METER FLOW RAW SEWAGE LAGOON	ABB	FLOW	IN	08/01/2002	08/08/2000

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 22/01/2002 11:20 AM

Submitted By

Page 1

Work Order #	286888		Activity	A1100A	METER FLOW	
Equipment ID	0000101100		Description	METER FLOW TREATED DISCH		
Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM		
Subunit Of						
Area	2	EASTERN/NORTHERN AREA		Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT		Loc	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	CRYSLER WTP, FLOW METER TREATED DISCH					

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	70.00		Total Usage	0.00	
Model #	30FH80-7D1ED11F218		Warranty Expires		MTBF 0
Serial #	TZ274502		Purchase Date		Purchase Cost 0.00

Budget #**Asset Comments**

MAKE: Endress & Hauser

MODEL: Promag 30FH80-MD1ED11F21B SERIAL: TZ274502

INT. DIA: 3" (80 mm)

K FACT: 0.9105/-4

CONVERTER

MAKE: Endress & Hauser

TYPE: Integral

MODEL: Promag 30 FH80-MD1ED11F21B SERIAL: TZ 274502

RANGE: 55.55 L/sec. (4,800m3/d)

OUTPUT: 4-20 mAdc

VELOCITY SETTING: 0 10 25 50 75 100 %F.S.

RANGE 0 480 1,200 2,400 3,600 4,800 m3/D

FLOW THEO 0 5.55 13.8 27.77 41.66 55.55 l/sec.

OUTPUT THEO 4 5.6 8 12 16 20 mAdc

Initiated By
Assigned To**Initiated Date** 01/08/2001
Service #**Scheduled** 30/08/2001 11:19
Due**Authorization****Budget #****Crew** CHESTE

CHESTERVILLE HUB STAFF

Maint Type**Priority****Problem****Project** 6054

CHRYSLER WATER WELL SYSTEM

Source**Last Activity** OG03

CORRECTIVE MAINTENANCE

Out of Service ☐**Potential Service Request** ☐**Last Activity Completed**

04/10/2001

Work Order Comments

Annual inspection and calibration check completed.

ActDefn Comments

METER O&M MANUAL

Task: A1100A METER FLOW				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		
Safety Message Description				
SHOCK	ELECTRICAL SHOCK			

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** 22/01/2002 11:20 AM**Submitted By**

Page 2

Work Order # 286888**Activity**

A1100A

METER FLOW

Task		A1100A METER FLOW	
Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

ANNUAL ANNUAL PREVENTATIVE MTCE**A1100A 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 PROCEDURE.

WPROT WORK PROTECTION

Contractor			
Charge Date	Time	Contractor ID	Unit

Extra Item				
Charge Date	Time	Extra Item	Quantity	Rate

Labour							
Choose Crew Type, Crew ID or Job Class							
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments	

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** 22/01/2002 11:20 AM**Submitted By**

Page 3

Work Order # 286888**Activity**

A1100A

METER FLOW

Started				Completed			
Date	23/08/2001	Time	00:00	By	80300	Date	23/08/2001
						Time	00:00
						Hours	2.00

Result		Condition		Quantity		Unit of Meas.	
--------	--	-----------	--	----------	--	---------------	--

Total Usage	
-------------	--

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**Report Date** 16/01/2002 08:49 AM**Submitted By**

Page 1

Work Order #	286888	Activity	A1100A	METER FLOW
Equipment ID	0000101100	Description	METER FLOW TREATED DISCH	
Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM
Subunit Of			Sub-area	CHES
Area	2	EASTERN/NORTHERN AREA	Loc	FLOW
District	NSTO	TOWNSHIP OF NORTH STORMONT		CHESTERVILLE HUB
Loc Qualifier	CRYSLER WTP, FLOW METER TREATED DISCH			FLOWMETER(FLOW MEASURING & REC

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	70.00		Total Usage	0.00	
Model #	30FH80-7D1ED11F218		Warranty Expires		MTBF 0
Serial #	TZ274502		Purchase Date		Purchase Cost 0.00

Budget #**Asset Comments**

MAKE: Endress & Hauser

MODEL: Promag 30FH80-MD1ED11F21B SERIAL: TZ274502

INT. DIA: 3" (80 mm)

K FACT: 0.9105/-4

CONVERTER

MAKE: Endress & Hauser

TYPE: Integral

MODEL: Promag 30 FH80-MD1ED11F21B SERIAL: TZ 274502

RANGE: 55.55 L/sec. (4,800m3/d)

OUTPUT: 4-20 mAdc

VELOCITY SETTING: 0 10 25 50 75 100 %F.S.

RANGE 0 480 1,200 2,400 3,600 4,800 m3/D

FLOW THEO 0 5.55 13.8 27.77 41.66 55.55 l/sec.

OUTPUT THEO 4 5.6 8 12 16 20 mAdc

Initiated By**Initiated Date** 01/08/2001**Scheduled****Assigned To****Service #****Due****Authorization****Budget #****Crew** CHESTE

CHESTERVILLE HUB STAFF

Maint Type**Priority****Problem****Project** 6054

CHRYSLER WATER WELL SYSTEM

Source**Last Activity** OG03

CORRECTIVE MAINTENANCE

Out of Service ☐**Potential Service Request** ☐**Last Activity Completed** 04/10/2001**Work Order Comments**

Annual inspection and calibration check completed.

Act/Defn Comments

METER O&M MANUAL

Task A1100A METER FLOW			
Safety Message		Description	
SHOCK		ELECTRICAL SHOCK	
Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

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** 16/01/2002 08:49 AM**Submitted By**

Page 2

Safety Procedures
Message Description**Activity** **Comments**

ANNUAL ANNUAL PREVENTATIVE MTCE

A1100A INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

WPROT WORK PROTECTION

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

Comments**Started****Completed**

Date	23/08/2001	Time	00:00	By	80300	Date	23/08/2001	Time	00:00	Hours	2.00
-------------	------------	-------------	-------	-----------	-------	-------------	------------	-------------	-------	--------------	------

Result**Condition****Quantity****Unit of Meas****Total Usage****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

Report Date 22/01/2002 03:02 PM

Submitted By

Page 1

Work Order #	347417		Activity	OG04	INSPECTION	
Equipment ID	0000170829			Description	METER FLOW	
Site	FAC	6053		Description	CHRYSLER WWTL	
Subunit Of						
Area	2	EASTERN/NORTHERN AREA		Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS		Loc	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	CRYSLER LAGOON: AERATION CELL PALMER BOWLES					

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	MILL	MILLTRONICS	
Building	GROU	GROUNDS/YARD	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	0.00		Total Usage	0.00		
Model #			Warranty Expires		MTBF	0
Serial #			Purchase Date	01/09/2000	Purchase Cost	0.00

Budget #
Asset Comments
SEASONAL USE (SPRING & FALL DISCHARGE)
Primary Element:
Palmer-Bowlus Flume
Size:27 " (.686 m)
Calibrated flow: 0-373.7 l/sec
0-32287.7 m3/d
Q/P 4-20 mAdc

Initiated By
Assigned To

Initiated Date 21/11/2001
Service #

Scheduled
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project
Source
Last Activity

OG04

INSPECTION

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 21/11/2001

Work Order Comments

Annual inspection calibration check completed.
Programming parameters verified and corrected as necessary.

Safety Precautions	Activity	Comments
JSP	JOB SAFETY PLANNING	TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION	ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE

Contractor	Time	Contractor ID

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** 22/01/2002 03:02 PM**Submitted By**

Page 2

Work Order # 347417**Activity**

OG04

INSPECTION

Extra Item				
Charge Date	Time	Extra Item	Quantity	Unit

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Rate Type	Hours Worked

Started				Completed			
Date	Time	By		Date	Time	By	Hours
21/11/2001	00:00	80300		21/11/2001	00:00		2.00

Result	Condition	Quantity	Unit of Measure
--------	-----------	----------	-----------------

Total Usage

Date 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
Report Date 22/01/2002 11:18 AM

Submitted By

Page 1

Work Order # 286886 **Activity** A1150A **METER FLOW**
Equipment ID 0000101150 **Description** METER FLOW RAW SEWAGE SPS

Site FAC 6053 **Description** CHRYSLER WWTL

Subunit Of
Area 2 EASTERN/NORTHERN AREA **Sub-area** CHES CHESTERVILLE HUB

District NSTO TOWNSHIP OF NORTH STORMONT **Loc** COLL WASTE WATER COLLECTION

Loc Qualifier CRYSLER WASTE WATER TREATMENT SYSTEM: METER FLOW DISCH LINE AT SPS

Equipment Type INSTRU INSTRUMENTATION **Manufacturer** ENDRES ENDRESS & HAUSER CANADA LTD

Building PS PUMPING STATION BUILDING **Building Level** S01 UNDERGROUND LEVEL 1

Service Status IN IN SERVICE (INCL. STANDBY) **Expected Life** 25

Avg Monthly Usage 720.00 **Total Usage** 0.00

Model # 30FH2H-MD1ED11F21B **Warranty Expires** **MTBF** 0

Serial # V6-311147 **Purchase Date** **Purchase Cost** 0.00

Budget #
Asset Comments

MAKE: Endress & Hauser

MODEL: Promag 30FH2H-MD1ED11F21B SERIAL: V631117

INT. DIA: 8" (200 mm)

K FACT: 1.0616/4

LINING:

CONVERTER

MAKE: Endress & Hauser

TYPE: Integral

MODEL: Promag 30FH2H-MD1ED11F21B SERIAL: V631117

VEL. SET.

RANGE: 222.222 L/sec. (19,200m3/d)

OUTPUT: 4-20 mAdc

VELOCITY SETTING: 0 10 25 50 75 100 %F.S.

RANGE 0 1,920 4,800 9,600 14,400 19,200 m3/D

FLOW THEO 0 22.22 55.55 111.11 166.66 222.22 l/sec.

OUTPUT THEO 4 5.6 8 12 16 20 mAdc

Printed
Initiated By **Initiated Date** 01/08/2001 **Scheduled** 30/08/2001 11:17
Assigned To **Service #** **Due**
Authorization
Budget #
Crew CHESTE CHESTERVILLE HUB STAFF

Maint Type
Priority
Problem
Project 6053 CHRYSLER WWTL

Source
Last Activity A1150A METER FLOW

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 23/08/2001

Work Order Comments

Annual inspection and calibration check completed

ActDefn Comments

METER O&M MANUAL

Task				
A1150A METER FLOW				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		

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 22/01/2002 11:18 AM

Submitted By

Page 2

Work Order # 286886

Activity

A1150A

METER FLOW

A1150A METER FLOW			
Safety Message		Description	
SHOCK		ELECTRICAL SHOCK	
Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

ANNUAL ANNUAL PREVENTATIVE MTCE

A1150A 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 PROCEDURE.

WPROT WORK PROTECTION

Contractor			
Contractor Name	Contractor ID	Contractor Address	Contractor Phone

Equipment				
Equipment ID	Equipment Name	Equipment Description	Equipment Status	Equipment Remarks

Choose Crew type, Crew ID or Job Class							
Crew Type	Crew ID	Job Class	Job ID	Job Name	Job Description	Job Status	Job Remarks

Comments	

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** 22/01/2002 11:18 AM**Submitted By**

Page 3

Work Order # 286886**Activity**

A1150A

METER FLOW

Started:				Completed:								
Date	23/08/2001	Time	00:00	By				23/08/2001	Time	00:00	Hours	2.00

Test		Condition		Part		Notes	
------	--	-----------	--	------	--	-------	--

Time	
------	--

Signature		Sign-off	
-----------	--	----------	--

Ontario Clean Water Agency

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

Facility Work Order**Report Date** 28/02/2003 03:11 PM**Submitted By** Jean Veilleux

Page 1

Work Order #	515281	Activity	OG11A	ANNUAL SAMPLING/TESTING			
Facility ID	6054	Description	CHRYSLER WATER WELL SYSTEM				
Qualifier	2	EASTERN REGION	District	NSTO	TOWNSHIP OF NORTH STORMONT		
Area	CHES	CHESTERVILLE HUB	Location				
Sub-area							
Map #							
Facility Type	IND	INDUSTRIAL	Service Status	IN	IN SERVICE (INCL. STANDBY)		
Complex			Date Built		X Coord		
Parcel			As Built		Y Coord		
					Z Coord		
Initiated By		Initiated Date	28/02/2003	Scheduled	01/01/2003 08:00		
Assigned To		Service #		Due			
Authorization							
Budget #							
Crew							
Maint Type	PROC	PLANT PROCESS MAINTENANCE					
Priority	5	DURING SAMPLING ROUNDS					
Problem							
Project	6054	CHRYSLER WATER WELL SYSTEM			Out of Service	<input type="checkbox"/>	
Source					Potential Service Request	<input type="checkbox"/>	
Last Activity	OG17	HYDRANT MAINTENANCE			Last Activity Completed	26/11/2002	
Work Order Comments Crysler Water - Annual Sampling Distribution - Lead Sample collected at the sewage pumping station.							
Act/Defn Comments Take samples of systems following acceptable industry standards. Preserve samples and complete paperwork as required. Record levels and conditions that are applicable. Perform any other tests that are required. Eg: Cl2, D.O. tests.							
Safety Procedures							
Message	Description	Activity	Comments				
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.				
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.				
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.				
Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
24							
Vehicle		Choose Crew, Vehicle Type or ID					
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage	

Ontario Clean Water Agency

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

Facility Work Order

Report Date 28/02/2003 03:11 PM

Submitted By Jean Veilleux

Page 2

Work Order # 515281

Activity OG11A

ANNUAL SAMPLING/TESTING

Comments

Compenation with Quarterly

Started

Completed

Date

Jan 20

Time

By

00130

Date

Time

Hours

1

Result

Condition

Quantity

Unit of Meas

Data Group

Sign-off

Ontario Clean Water Agency

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

Facility Work Order**Report Date** 28/02/2003 03:11 PM**Submitted By** Jean Veilleux

Page 1

Work Order #	515282	Activity	OG11Q	QUARTERLY SAMPLING/TESTING			
Facility ID	6054	Description	CHRYSLER WATER WELL SYSTEM				
Qualifier							
Area	2	EASTERN REGION	District	NSTO	TOWNSHIP OF NORTH STORMONT		
Sub-area	CHES	CHESTERVILLE HUB	Location				
Map #							
Facility Type	IND	INDUSTRIAL	Service Status	IN	IN SERVICE (INCL. STANDBY)		
Complex			Date Built		X Coord		
Parcel			As Built		Y Coord		
					Z Coord		
Initiated By			Initiated Date	28/02/2003	Scheduled	01/01/2003 08:00	
Assigned To			Service #		Due		
Authorization							
Budget #							
Crew							
Maint Type	PROC	PLANT PROCESS MAINTENANCE					
Priority	5	DURING SAMPLING ROUNDS					
Problem							
Project	6054	CHRYSLER WATER WELL SYSTEM				Out of Service	<input type="checkbox"/>
Source						Potential Service Request	<input type="checkbox"/>
Last Activity	OG17	HYDRANT MAINTENANCE				Last Activity Completed	26/11/2002
Work Order Comments							
Crysler Water - Quarterly Sampling							
Treated Plant - Tables B,D,Nitrates and Nitrites							
Distribution - THM collected at sewage pumping station number.							
ActDefn Comments							
Take samples of systems following acceptable industry standards.Preserve samples and complete paperwork as required.Record levels and conditions that are applicable.Perform any other tests that are required.Eg:Cl2,D.O.tests.							
Safety Procedures							
Message Description		Activity	Comments				
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.				
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.				
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.				
Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Ontario Clean Water Agency

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

Facility Work Order

Report Date 28/02/2003 03:11 PM

Submitted By Jean Veilleux

Page 2

Work Order # 515282

Activity

OG11Q

QUARTERLY SAMPLING/TESTING

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

Comments

Done Turn as usual

Started			Completed					
Date	Time		By	Date	Time	Hours		
<i>Jan 30/03</i>			<i>JOE</i>					

Result	Condition	Quantity	Unit of Meas

Date Group	Sign-off

Ontario Water Agency
1 York
Toronto, Ontario
(416) 392-1611
Fax (416) 392-14-8300

Equipment Work Order

Received 07/02/2003 02:44 PM

Submitted By

Page 1

Work Order #	502115	Activity	A1836M	ANALYZER	TURBIDITY
Equipment ID	0000101836	Description	ANALYZER	TURBIDITY CRYSLER	
Site	ENC 6054	Description	CHRYSLER	WATER WELL SYSTEM	
Sub Area	2	Sub Area	CHRYSLER	CHESTERVILLE HUB	
Division	REGION	Division	WATER	WATER WELL	
Location	CRYSLER WATER TREATMENT SYSTEM				
Equipment	ILLUSTRU	INSTRUMENTAL ON	Manufacturer	HACH	HACH CO.
Building	P1	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Serial	BN	IN SERVICE (BIOLOGICAL)	Expected Life	25	
Asset	720.00	Total Usage	0.00		
Mileage	17250	Warranty Expires		MTBF	0
Serial	00100007906	Purchase Date		Purchase Cost	0.00

Initiated Date 01/01/2003 08:00
Service # Due

At 6054 CHESTERVILLE WATER WELL SYSTEM
Out of Service ☐
Potential Service Request ☐
Last Activity Completed

A1836M ANALYZER TURBIDITY			
Crew Type	Description	Pay Type	Hrs Worked
	OPERATION		
Description		Qty Reqd	Qty Used
SOAPY WATER		1.00	
Stock Area		Stock Loc	
Description		Qty Reqd	Qty Used
SOFT BRUSH		1.00	
PORTABLE TURBIDIMETER		1.00	

Signature
Activity
Comments

ENTRY TO SITE NOTIFICATION
THE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND LOCATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN CLEARED AND SECURED.

USE OF SAFETY PLANNING
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 CRYSLER WATER AGENCY SAFETY MANUAL.

MOBILE PREVENTATIVE MTCE
A MAINTENANCE PROCEDURE HAS BEEN DEVELOPED TO AID FIELD PERSONNEL IN THE CARE AND

Ontario Water Agency
 1 York
 1 Suite 1700
 Toronto, ON M5G 1E5
 (416) 392-1611 ext 14-8300

Equipment Work Order

Received: 02/01/2003 02:44 PM

Submitted By:

Page 2

Safety:
 Maintenance:
 Activity:
 Incident:

Maintenance of the specified equipment. However, maintenance personnel are expected to look for and report 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.

Log "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, to be recorded on the Hannon Feedback Sheet.

WARNING CHECKS:

Check for leaks from the sample piping and drain lines.
 Check for any loose connections or faults in the system.

VERIFICATION OF OPERATION:

Perform a visual check of the turbidimeter.
 Check specifications for laboratory turbidity and compare value of the on-line analyzer with grab sample results.
 Ensure all remote display or recording devices are within acceptable limits.

Log Chart readers, computer, SCADA systems.

WORK PROTECTION

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

Labour	Choose Crew Type, Crew ID or Job Code				
Charge	Time	Crew Type	Crew ID	Job Code	Job ID
02/01/03	0800				00130

Pay Type	Hours Worked
✓	1

Material	Choose Crew, Stock Area		
Charge	Time	Stock Area	Number

Quantity

Vehicle	Choose Crew, Vehicle Type or ID		
Charge	Time	Crew	Vehicle Type

Total Usage	Usage

Comments	Time	Job ID
from 06		00130

15

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** 07/02/2003 02:43 PM**Submitted By**

Page 1

Work Order #	502109	Activity	A1101M	ANALYZER CHLORINE	
Equipment ID	0000101101		Description	ANALYZER CHLORINE TREATED FLUO	
Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM	
Subunit Of			Sub-area	CHES	CHESTERVILLE HUB
Area	2	EASTERN REGION	Loc	DIST	WATER DISTRIBUTION
District	NSTO TOWNSHIP OF NORTH STORMONT				
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT 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 #	U95-213 DEPOLOX 3		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					
Initiated By			Initiated Date	07/02/2003	Scheduled 01/01/2003 08:00
Assigned To			Service #		Due
Authorization					
Budget #					
Crew	CHESTE	CHESTERVILLE HUB STAFF			
Maint Type					
Priority					
Problem					
Project	6054	CHRYSLER WATER WELL SYSTEM			Out of Service <input type="checkbox"/>
Source				Potential Service Request	<input type="checkbox"/>
Last Activity	A1101M	ANALYZER CHLORINE			Last Activity Completed 08/10/2002
ActDefn Comments					
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER					
Task A1101M ANALYZER CHLORINE					
Job Class	Crew Type	Description	Pay Type	Hrs Worked	
OP		OPERATOR			
Part #	Description			Qty Reqd	Qty Used
MURACID	MURATIC ACID			1.00	
	Stock Area	Stock Loc			
Safety message	Description				
CHEMHA	CHEMICAL HAZARD				
Crew Definition					
Employee ID	Last	First	MI		
00050	BARRIE	ANDREW			
00130	MICHELS	WILLIAM			
80252	HENDERSON	BLAIR			
80285	KELLY	TONY			
80360	MARKELL	DAVID			

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 07/02/2003 02:43 PM

Submitted By
Page 2
Work Order # 502109 **Activity** A1101M **ANALYZER CHLORINE**
Crew Definition

Employee ID	Last	First	MI
80636	VEILLEUX	JEAN	

Equipment ID **Description**

There is no equipment for this crew

Vehicle ID **Description**

There are no vehicles for this crew

Safety Procedures
Message Description
Activity
Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN EVACUATED 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

A1101M

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.

ROUTING CHECKS:

1. Verify the operation of the peristaltic 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 reagent reservoirs as required.
4. Check the pH and adjust the buffer solution pump rate as required.
5. Verify that the manual backwash system is operational.
6. Check all tubing for deterioration and replace as required.
7. Check the mixer drive shaft for wear and replace as required.
8. Clean the probe.
9. Check the electrolyte solution in the probe and top up as required.
10. Calibrate the analyser using the approved method.

WPROT WORK PROTECTION

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

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
03/01/03	0800				0130	A	1

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, Ont M5E-1E5
(416)314-6600 Fax (416)314-8300

Equipment Work Order

Report Date 07/02/2003 02:43 PM

Submitted By

Page 3

Work Order # 502109

Activity

A1101M

ANALYZER CHLORINE

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

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

Comments	June 03	00130	1 hr

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 07/02/2003 02:44 PM

Submitted By

Page 1

Work Order #	502110	Activity	A1101M	ANALYZER CHLORINE
--------------	--------	----------	--------	-------------------

Equipment ID	0000101101	Description	ANALYZER CHLORINE TREATED FLUO
--------------	------------	-------------	--------------------------------

Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DIST	WATER DISTRIBUTION
Loc Qualifier	CHRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT 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 #	U95-213 DEPOLOX 3		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By		Initiated Date	07/02/2003	Scheduled	03/02/2003 08:00
Assigned To		Service #		Due	

Authorization					
Budget #					
Crew	CHESTE	CHESTERVILLE HUB STAFF			
Maint Type					
Priority					
Problem					
Project	6054	CHRYSLER WATER WELL SYSTEM	Out of Service	<input type="checkbox"/>	
Source			Potential Service Request	<input type="checkbox"/>	
Last Activity	A1101M	ANALYZER CHLORINE	Last Activity Completed		08/10/2002

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1101M ANALYZER CHLORINE				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		
Part		Description	Qty Reqd	Qty Used
MURACID		MURATIC ACID	1.00	
		Stock Area	Stock Loc	
Safety Message		Description		
CHEMICAL		CHEMICAL HAZARD		

Crew Definition			
Employee ID	Last	First	MI
00000	BARRIE	ANDREW	
00100	MICHEL	WILLIAM	
80200	HENDERSON	BLAIR	
80200	KELLY	TONY	
80200	MARKELL	DAVID	

Ontario Clean Water Agency

1 Yonge Street, Suite 1700

Toronto, ON M5E-1E5

(416) 314-5000 Fax (416) 314-8300

Equipment Work Order

Report Date 07/02/2003 02:44 PM

Submitted By

Page 2

Work Order # 502110 Activity A1101M ANALYZER CHLORINE

Crew Information

Employee ID	Last	First	MI
80657	VEILLEUX	JEAN	

Equipment ID	Description
--------------	-------------

There is no equipment for this crew

Vehicle ID	Description
------------	-------------

There are no vehicles for this crew

Safety Procedures

Measure Description

Activity

Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MOP MONTHLY PREVENTATIVE MTCE

A1101M

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 peristaltic 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 reagent 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.
11. DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPR WORK PROTECTION

Labor		Choose Crew Type, Crew ID or Job Class						
Check	Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
10/07/03		0800				00130	R	1

Ontario Clean Water Agency

1 York Street, Suite 1700

Toronto, Ontario M5E 1E5

(416) 392-1000 Fax (416) 314-8300

Equipment Work Order

Report Date 07/02/2003 02:44 PM

Submitted By

Page 3

Work Order # 502110

Activity

A1101M

ANALYZER CHLORINE

Material

Change Date	Time	Stock Area	Part Number	Quantity

Vehicle

Choose Crew, Vehicle Type or ID

Change Date	Time	Crew	Vehicle Type	Vehicle ID	From Usage	Usage

Comments

Feb 10/03

00130

1 hr

Report

07/02/2003 02:44 PM

Submitted By

Page 1

Equipment Work Order

Work Order #	602116	Activity	A1835M	ANALYZER TURBIDITY	PRIORITY
Equipment ID	00001101836	Description	ANALYZER	TURBIDITY CRYSLER	
Site Subunit	FAC 6054	Description	CHRYSLER	WATER WELL SYSTEM	
Area	2 EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB	
District	REGION TOWNSHIP OF CHESTERVILLE	Loc	WWE	WATER WELL	
Loc Qu	0 WATER TREATMENT SYSTEM				
Equipment Building Service Avg Mon Model # Serial # Budget	INSTRUMENT BUILDING PUMPING STATION BUILDING IN SERVICE AS SUPPLEMENTARY 7/20/00 172LD 00100007906	Manufacturer Build Level Inspection Date Expiration Date	HACH G 25 0.00	HACH CO. GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated Assigned		Scheduled Date Service #	07/20/03	Scheduled Due	03/02/2003 08:00
Authorized Budget Crew Maint T Priority Problem Project Source Last Activity	6054 CHESTERVILLE WATER WELLS SYSTEM	Out of Service Potential Service Request Last Activity Completed			
Task Job Class OP Part # WATER Tool BOTTOM PORTA	A1835M ANALYZER TURBIDITY Crew Type Description OP OPERATOR Description SOAPY WATER Stock Area Description SOFT BRUSH PORTABLE TURBIDIMETER	Pay Type Hrs Worked Qty Req Qty Used Qty Req Qty Used			
Safety Message		Comments			
EEN	BY AGENCY NOTIFICATION	IF YOU ARE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE, THEY WILL BE REQUIRED TO PROVIDE APPROXIMATE TIME AND LOCATION, CONTACT INFORMATION OF DUTIES ASSIGNED TO BE GIVEN THAT SITE HAS BEEN ENTERED AND ANY OTHER INFORMATION.			
JSP	SAFETY TRAINING	THE TIME TO TAKE PRECAUTIONS AND PLANNING MUST BE DONE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE OCCUPATIONAL WATER AGENCY SAFETY MANUAL.			
MONTE	MONTHLY PROGNOSTICATIVE MTCE	INTRODUCTION: This preventative maintenance procedure was developed to aid field personnel in the care and			

Ontario
1 Yonge
Toronto
(416)31
Fax (416)31

Water Agency

Suite 1705

1E5

Box (416)31

Equipment Work Order

Report 07/02/2003 02:44 PM

Submitted By

Page 2

Safety /
Message

Notes
Location

Activity

Comments

maintenance of the specific equipment. However, maintenance personnel are expected to look for and report 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 full details.

The "As Found" condition of findings, as well as any abnormalities found and any repairs carried out, should be recommended to the responsible party.

ROUTING CHIEF

Check for leaks, drips, pipe pinning and other issues.
Check distribution system for proper operation.

MAINTENANCE WORK

Perform a grab sample with a turbidimeter.
Check sample with laboratory and compare value of the on-line analyzer with grab results.

Ensure all necessary recording details are within acceptable limits.

Check for SCADA system errors.
Verify the equipment is in accordance with the lock-out

WPROT WORK PROTECTION

Labour	Choose Crew Type, Crew ID or Job Class			
Charge	Time	Crew Type	Crew ID	Job Class
11/02/03	0800			
Material				
Charge		Stock Area		
Vehicle				
Charge	Time	Crew	Vehicle Type	File
Comments				
Feb 11 Channel 00130				

Pay Type	Hours Worked
R	1
Quantity	
Total Usage	
Usage	
117	

Equipment Work Order

Page 1

Page	Features Description	Activity	Comments
20	QUARTERLY PREVENTATIVE MTCE	1.880.0	<p>INTRODUCTION:</p> <p>This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the installed equipment. Heavily trained 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.</p> <p>Use "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out,</p>

Ontario Clean Water Agency

1 York Street, Suite 1700
Toronto, Ontario M5E 1E5
(416) 314-8300 Fax (416) 314-8300

Equipment Work Order

Report Date: 07/02/2003 02:44 PM

Submitted By:

Page 2

Site Features
Description:

Activity:

Comments:

See also recorded on the Hansen Feedback

TURNING CHECKS:

1. Check for leaks from the sample piping and flow lines.
2. Check display for correct conditions or fault messages.

MAINTENANCE PROCEDURE:

1. Rotate sample line.
2. Remove head assembly from body of turbidimeter.
3. Clean the lamp housing photocell window.
4. Perform calibration using following method: using a formazin solution or the HACH ICE PICK system, fill the sample water into the turbidimeter.
5. Remove head assembly from calibration cylinder.
6. Allow the head assembly to settle for 5 minutes.
7. Press SYS RESET and 6 SIG AVG allow to read until reading stabilizes.
8. Read STD.
9. Flush pipet.
10. Add formazin solution and add to calibration cylinder.
11. Remove head assembly from calibration cylinder.
12. Read STD. The display will show the value of the 20.0 NTU standard and the turbidity of the dilution water.
13. Inspect o-rings and lamp assembly for any damage.
14. Replace head assembly into turbidimeter body.
15. Flush sample line and ensure proper flow rate.
16. Ensure all removal time or recording time is within acceptable limits.
17. If the turbidimeter is a 5, SCV, or a 5, SCV, the DIRECTOR OF THE TOWN OF MISSISSAUGA HAVE BEEN NOTIFIED OF ENTRY INTO THE TOWN OF MISSISSAUGA TO PROVIDE APPROXIMATE TIME AND LOCATION, ONCE THE TOWN OF MISSISSAUGA HAS BEEN ADVISED AND ADVISED.
18. TIME TO IDENTIFY HAZARDS AND HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO WATER AGENCY SAFETY MANUAL.
19. LOCK-OUT AND TAG-OUT THE TURBIDIMETER IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

3M01 QUARTERLY PREVENTATIVE MTCE

A1830

EEN ENTRY AND EXIT NOTIFICATION

JSP JOB SAFETY PLANNING

WPRO WORK PROTECTION

Label	Choose Crew Type, Crew ID or Job Class	Emp ID	Pay Type	Hours Worked
Char	Crew Type	Crew ID	Job Class	
6/03/03	0700	00130	R	1

Material	Time	Stock Area	Part Number	Quantity

Material	Time	Crew	Vehicle Type	Vehicle	Total Usage	Usage

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 28/02/2003 03:11 PM

Submitted By Jean Veilleux

Page 1

Work Order #	515271	Activity	A1101M	ANALYZER CHLORINE	
Equipment ID	0000101101	Description	ANALYZER CHLORINE TREATED FLUO		
Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DIST	WATER DISTRIBUTION
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT 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 #	DEPOLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					
Initiated By		Initiated Date	28/02/2003	Scheduled	03/03/2003 08:00
Assigned To		Service #		Due	
Authorization					
Budget #					
Crew					
Maint Type					
Priority					
Problem					
Project	6054	CHRYSLER WATER WELL SYSTEM		Out of Service	<input type="checkbox"/>
Source				Potential Service Request	<input type="checkbox"/>
Last Activity	A1101M	ANALYZER CHLORINE		Last Activity Completed	08/10/2002
ActDefn Comments	WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER				
Task	A1101M ANALYZER CHLORINE				
Job Class	Crew Type	Description	Pay Type	Hrs Worked	
OP		OPERATOR			
Part #	Description	Qty Reqd	Qty Used		
MURACID	MURATIC ACID	1.00			
	Stock Area	Stock Loc			
Safety Message	Description				
CHEMHA	CHEMICAL HAZARD				
Safety Procedures					
Message	Description	Activity	Comments		
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.		
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.		
MONTH	MONTHLY PREVENTATIVE MTCE	A1101M	INTRODUCTION:		

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 28/02/2003 03:11 PM

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) Verify the operation of the peristaltic 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 reagent reservoirs as required.
- 4) Check the PH and adjust the buffer solution pump rate as required.
- 5) Verify that the manual backwash system is operational.
- 6) Check all tubing for deterioration and replace as required.
- 7) Check the mixer drive shaft for wear and replace as required.
- 8) Clean the probe.
- 9) Check the electrolyte solution in the probe and top up as required.
- 10) Calibrate the analyser using the approved method.

WPROT WORK PROTECTION

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

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
20/03/03	0800				00130	A	1

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

Comments

Started		Completed					
Date	Time	By	Date	Time	Hours		
20/03/03		00130			1		

Result	Condition	Quantity	Unit of Meas

Total Usage

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

Report Date 28/02/2003 03:11 PM

Submitted By Jean Veilleux

Page 1

Work Order #	515272	Activity	A1836M	ANALYZER TURBIDITY	
Equipment ID	0000101836	Description	ANALYZER TURBIDITY CRYSLER		
Site	FAC	6054	Description	CHRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	CRYSLER WATER TREATMENT SYSTEM:				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720D		Warranty Expires		MTBF 0
Serial #	00100007906		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To

Initiated Date 28/02/2003
Service #

Scheduled 03/03/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project
Source
Last Activity

6054

CHRYSLER WATER WELL SYSTEM

Out of Service ☐
Potential Service Request ☐
Last Activity Completed

Done Mar 20/03
[Signature]

Task A1836M ANALYZER TURBIDITY				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		
Part #	Description		Qty Reqd	Qty Used
WATERS	SOAPY WATER		1.00	
	Stock Area	Stock Loc		
Tool	Description		Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH		1.00	
PORTAT	PORTABLE TURBIDIMETER		1.00	

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1836M

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

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** 28/02/2003 03:11 PM**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.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
20/03/01	800				00130	A	1

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

Comments

Started			Completed				
Date	Time	By	Date	Time	Hours		

Result	Condition	Quantity	Unit of Meas
--------	-----------	----------	--------------

Total Usage

Data Group	Sign-off
------------	----------

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 27/03/2003 08:34 AM

Submitted By Jean Veilleux

Page 1

Work Order #	528248	Activity	A1101M	ANALYZER CHLORINE	
Equipment ID	0000101101	Description	ANALYZER CHLORINE TREATED FLUO		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DISF	DISINFECTION (UV, CHLORINATION)
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To

Initiated Date 27/03/2003
Service #

Scheduled 01/04/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 6054
Source
Last Activity WEEKPM

CHRYSLER WATER WELL SYSTEM
PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 28/02/2003

*Guard
or clz
1.13*
*Checked & OK
April 10/03*

Task	A1101M	ANALYZER CHLORINE		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		
Part #	Description	Qty Reqd	Qty Used	
MURACID	MURATIC ACID	1.00		
	Stock Area		Stock Loc	
Safety Message	Description			
CHEMHA	CHEMICAL HAZARD			

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1101M 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

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** 27/03/2003 08:34 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

1) Isolate the analyser and turn the power off.

2) Clean and flush all water lines, strainers and tubing.

3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)

4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.

5) Inspect and replace any o-rings as required.

6) Reassemble the electrodes and the sample cell.

7) Adjust the flow control valve to the desired flow.

8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.

9) Calibrate the unit, and return to service.

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

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
10/04/03	800				00130	TE	1

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

Comments
Zeroed & Verified unit with Hach pocket colorimeter. Cl ₂ readings both at 1.13 mg/L. No adjustment needed.

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 27/03/2003 08:34 AM

Submitted By Jean Veilleux

Page 1

Work Order #	528250	Activity	A1836Q	ANALYZER TURBIDITY	
Equipment ID	0000101836	Description	ANALYZER TURBIDITY CRYSLER		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	CRYSLER WATER TREATMENT SYSTEM:				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720D		Warranty Expires		MTBF 0
Serial #	00100007906		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To

Initiated Date 27/03/2003
Service #

Scheduled 01/04/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 6054
Source
Last Activity WEEKPM

CHRYSLER WATER WELL SYSTEM
PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 28/02/2003

Checked Against Hand held. April 10/03
Ok. [Signature]

Task A1836Q ANALYZER TURBIDITY				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		
Part #	Description		Qty Req'd	Qty Used
WATERS	SOAPY WATER		1.00	
	Stock Area	Stock Loc		
Tool	Description		Qty Req'd	Qty Used
BOTBRU	SOFT BRUSH		1.00	
PORTAT	PORTABLE TURBIDIMETER		1.00	

Safety Procedures
Message Description

Activity Comments

3MONTH QUARTERLY MAINTENANCE

A1836Q 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

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** 27/03/2003 08:34 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Isolate sample line.
 - 2) Remove head assembly from body of turbidimeter.
 - 3) Clean the lamp, lens and photocell window.
 - 4) Perform calibration of unit following MFG guidelines, using a formazin solution or the HACH ICE PICK. 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.
 - 5) Inspect o-rings and lamp assembly for any defects.
 - 6) Replace head assembly into turbidimeter body.
 - 7) Open sample line valve, ensure proper sample flow rate
 - 8) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
- 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.

3MONTH QUARTERLY MAINTENANCE

A1836Q

EEN ENTRY AND EXIT NOTIFICATION

JSP JOB SAFETY PLANNING

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

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

Comments

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 27/03/2003 08:34 AM

Submitted By Jean Veilleux

Page 1

Work Order # 528252 Activity A1836A ANALYZER TURBIDITY

Equipment ID 0000101836 Description ANALYZER TURBIDITY CRYSLER

Site FAC 6054 Description CRYSLER WATER WELL SYSTEM
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc WWE WATER WELL
Loc Qualifier CRYSLER WATER TREATMENT SYSTEM:

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building PS PUMPING STATION BUILDING Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720D Warranty Expires MTBF 0
Serial # 00100007906 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 27/03/2003 Scheduled 01/04/2003 08:00
Assigned To Service # Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 6054 CHRYSLER WATER WELL SYSTEM
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 28/02/2003

Redundant April 10/03

Task A1836A ANALYZER TURBIDITY				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		
Part #	Description	Qty Req'd	Qty Used	
WATERS	SOAPY WATER	1.00		
	Stock Area		Stock Loc	
Tool	Description	Qty Req'd	Qty Used	
BOTBRU	SOFT BRUSH	1.00		
PORTAT	PORTABLE TURBIDIMETER	1.00		

Safety Procedures
Message Description

Activity Comments

ANNUAL ANNUAL MAINTENANCE A1836A 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.

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 27/03/2003 08:34 AM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message Description

Activity Comments

are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Isolate sample line.
- 2) Remove head assembly from body of turbidimeter.
- 3) Drain the body by removing plug from bottom of body.
- 4) Remove bubble trap from body. (Special tool available)
- 5) Replace drain plug, fill body with a diluted chlorine solution.
- 6) Clean interior of body using a soft brush.
- 7) Drain chlorine solution and flush body.
- 8) Clean and inspect gaskets. Replace as required.
- 9) Clean the lamp, lens and photocell window.
- 10) Perform calibration of unit following MFG guidelines/ using a formazin solution or the HACH ICE PICK system.

ANNUAL ANNUAL MAINTENANCE

A1836A 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
11) Inspect o-rings and lamp assembly for any defects.
12) Replace head assembly into turbidimeter body.
13) Open sample line valve, ensure proper sample flow rate
14) Ensure all remote display or recording devices are within acceptable limits.
Eg: Chart recorders, Outpost5, SCADA systems.

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
Mch 29/03	10:45				80636	R	2

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

Comments
Pre cal ICE Pick .498 NTU
cal with ice standard 20 NTU Formazin
Post cal ICE Pick .451 NTU

Flow at 380 ml/min.
Read in Outpost .451 to .45

Jean Veilleux

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 16/04/2003 07:47 AM

Submitted By Jean Veilleux

Page 1

Work Order # 537967 Activity A1101A ANALYZER CHLORINE

Equipment ID 0000101101 Description ANALYZER CHLORINE TREATED FLUO

Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DISF	DISINFECTION (UV, CHLORINATION)
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned ToInitiated Date 16/04/2003
Service #Scheduled 01/05/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project
Source
Last Activity

6054

CHRYSLER WATER WELL SYSTEM

PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 03/03/2003

Task	A1101A	ANALYZER CHLORINE		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		
Safety Message	Description			
CHEMHA	CHEMICAL HAZARD			

Safety Procedures
Message Description

Activity Comments

ANNUAL ANNUAL MAINTENANCE

A1101A INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

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 16/04/2003 07:47 AM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message Description

Activity Comments

MAINTENANCE PROCEDURES

- 1) Isolate the analyser and turn the power off.
- 2) Clean and flush all water lines, strainers and tubing.
- 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)
- 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.
- 5) Inspect and replace any o-rings as required.
- 6) Reassemble the electrodes and the sample cell.
- 7) Adjust the flow control valve to the desired flow.
- 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.
- 9) Calibrate the unit, and return to service.

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
May 21/03					801036	PC	1

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

Comments
As found 1.30 g/l, Hach packet color at 1.28 g/l - with ce H.

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 22/05/2003 09:36 AM

Submitted By Jean Veilleux

Page 1

Work Order #	550226	Activity	A1101M	ANALYZER CHLORINE	
Equipment ID	0000101101	Description	ANALYZER CHLORINE TREATED FLUO		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DISF	DISINFECTION (UV, CHLORINATION)
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By		Initiated Date	22/05/2003	Scheduled	02/06/2003 08:00
Assigned To		Service #		Due	

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 6054 CHRYSLER WATER WELL SYSTEM

Source

Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐Potential Service Request ☐

Last Activity Completed 30/04/2003

Task	A1101M ANALYZER CHLORINE				
Job Class	Crew Type	Description	Std Hrs	Pay Type	Hrs Worked
OP		OPERATOR	0.50		
Part #	Description			Qty Reqd	Qty Used
MURACID	MURATIC ACID			1.00	
	Stock Area		Stock Loc		
Safety Message	Description				
CHEMHA	CHEMICAL HAZARD				

Safety Procedures
Message Description

Activity Comments

EEN	ENTRY AND EXIT NOTIFICATION	ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING	TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1101M 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

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 22/05/2003 09:36 AM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message Description

Activity Comments

correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

- 1) Isolate the analyser and turn the power off.
- 2) Clean and flush all water lines, strainers and tubing.
- 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)
- 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.
- 5) Inspect and replace any o-rings as required.
- 6) Reassemble the electrodes and the sample cell.
- 7) Adjust the flow control valve to the desired flow.
- 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.
- 9) Calibrate the unit, and return to service.

WPROT WORK PROTECTION

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

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
19/06/03					00130	E	1

Comments	<p>Inspected with Marsh pocket colorimeter. Deploy - 71.27 g/L Handheld 1.27 g/L - checked flow & left as is. 400 g/L</p>
----------	--

Started		Completed					
Date	Time	By	Date	Time	Hours		

Result	Condition	Quantity	Unit of Meas
--------	-----------	----------	--------------

Total Usage

Data Group	Sign-off
------------	----------

Jean Veilleux

Ontario Clean Water Agency

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

Equipment Work Order

Report Date 22/05/2003 09:36 AM

Submitted By Jean Veilleux

Page 1

Work Order #	550227	Activity	A1836M	ANALYZER TURBIDITY	
Equipment ID	0000101836	Description	ANALYZER TURBIDITY CRYSLER		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of			Sub-area	CHES	CHESTERVILLE HUB
Area	2	EASTERN REGION	Loc	WWE	WATER WELL
District	NDUN	TOWNSHIP OF NORTH DUNDAS			
Loc Qualifier	CRYSLER WATER TREATMENT SYSTEM:				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720D		Warranty Expires		MTBF 0
Serial #	00100007906		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To

Initiated Date 22/05/2003
Service #

Scheduled 02/06/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 6054 CHRYSLER WATER WELL SYSTEM
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/04/2003

Task A1836M ANALYZER TURBIDITY					
Job Class	Crew Type	Description	Std Hrs	Pay Type	Hrs Worked
OP		OPERATOR	0.50		
Part #	Description			Qty Reqd	Qty Used
WATERS	SOAPY WATER			1.00	
	Stock Area		Stock Loc		
Tool	Description			Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH			1.00	
PORTAT	PORTABLE TURBIDIMETER			1.00	

Safety Procedures
Message Description

Activity **Comments**

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1836M

INTRODUCTION:

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

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 22/05/2003 09:36 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
- 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results.
- 3) Ensure all remote display or recording devices are within acceptable limits.

Eg. Chart recorders, Outpost5, SCADA systems.

WPROT WORK PROTECTION

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

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
June 14/03					80036	A	1

Comments

Started			Completed				
Date	Time	By	Date	Time	Hours		

Result	Condition	Quantity	Unit of Meas
--------	-----------	----------	--------------

Total Usage

Data Group	Sign-off
------------	----------

Jean Veilleux

ICE Pick → 533 RTU - OK

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 04/07/2003 10:06 AM

Submitted By Jean Veilleux

Page 1

Work Order # 580312 Activity A1836Q ANALYZER TURBIDITY

Equipment ID 0000101836 Description ANALYZER TURBIDITY CRYSLER

Site FAC 6054 Description CRYSLER WATER WELL SYSTEM
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc WWWE WATER WELL
Loc Qualifier CRYSLER WATER TREATMENT SYSTEM:

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building PS PUMPING STATION BUILDING Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720D Warranty Expires MTBF 0
Serial # 00100007906 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 04/07/2003 Scheduled 01/07/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 6054 CHRYSLER WATER WELL SYSTEM

Out of Service ☐Source Potential Service Request ☐

Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Last Activity Completed 30/05/2003

Task A1836Q ANALYZER TURBIDITY					
Job Class	Crew Type	Description	Std Hrs	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC	1.00		
Part #	Description			Qty Reqd	Qty Used
WATERS	SOAPY WATER			1.00	
	Stock Area	Stock Loc			
Tool	Description			Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH			1.00	
PORTAT	PORTABLE TURBIDIMETER			1.00	

Performance Indicator	Description	DEFILE	TEST	Measured Value
OLRB	ON LINE METER READING BEGIN	1.725	1.253	16.56
OLRF	ON LINE METER READING FINISH	1.555	1.298	20.23
OM%D	ON LINE METER PERCENT OF DRIFT	24%	15%	18%

Flow

370 ml/min

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** 04/07/2003 10:06 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

3MONTH QUARTERLY MAINTENANCE

A1836Q 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 w

3MONTH QUARTERLY MAINTENANCE

A1836Q

- 5) Inspect o-rings and lamp assembly for any defects.
- 6) Replace head assembly into turbidimeter body.
- 7) Open sample line valve, ensure proper sample flow rate
- 8) Ensure all remote display or recording devices are within acceptable limits.

Eg: Chart recorders, Outpost5, SCADA systems.

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
17/05/03					Jean Veilleux	R	1

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 04/07/2003 10:06 AM

Submitted By Jean Veilleux

Page 3

Work Order # 580312 Activity A1836Q ANALYZER TURBIDITY

Started		Completed			
Date	Time	By	Date	Time	Hours

Result	Condition	Quantity	Unit of Meas

Total Usage

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

Report Date 03/10/2003 01:08 PM

Submitted By Jean Veilleux

Page 1

Work Order #	601941	Activity	A1836M	ANALYZER TURBIDITY	
Equipment ID	0000101836	Description	ANALYZER TURBIDITY CRYSLER		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	CRYSLER WATER TREATMENT SYSTEM:				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720D		Warranty Expires		MTBF 0
Serial #	00100007906		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By _____ **Initiated Date** 22/07/2003 **Scheduled** 01/08/2003 08:00
Assigned To _____ **Service #** _____ **Due** _____

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6054 **CHRYSLER WATER WELL SYSTEM** **Out of Service** ☐
Source **Potential Service Request** ☐
Last Activity A1836M **ANALYZER TURBIDITY** **Last Activity Completed** 24/09/2003

Work Order Comments
Missed verification but unit checked and turbidity reading recorded in log book. 0.061 NTU

Task A1836M ANALYZER TURBIDITY			
Tool	Description	Qty Req'd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			0.061 NTU
OLRF	ON LINE METER READING FINISH			0.061
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1836M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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 01:08 PM**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	By	Date	Time	Hours
		80636	24/09/2003	08:00	

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*

Ontario Clean Water Agency

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

Equipment Work Order

Report Date 03/10/2003 01:04 PM

Submitted By Jean Veilleux

Page 1

<u>Work Order #</u>	601937	<u>Activity</u>	A1101M	ANALYZER CHLORINE	
<u>Equipment ID</u>	0000101101	<u>Description</u>	ANALYZER CHLORINE TREATED FLUO		
<u>Site</u>	FAC	6054	<u>Description</u>	CRYSLER WATER WELL SYSTEM	
<u>Subunit Of</u>					
<u>Area</u>	2	EASTERN REGION	<u>Sub-area</u>	CHES	CHESTERVILLE HUB
<u>District</u>	NSTO	TOWNSHIP OF NORTH STORMONT	<u>Loc</u>	DISF	DISINFECTION (UV, CHLORINATION
<u>Loc Qualifier</u>	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
<u>Equipment Type</u>	INSTRU	INSTRUMENTATION	<u>Manufacturer</u>	WALL	WALLANCE & TIERNAN
<u>Building</u>	PLAN	PLANT BUILDING	<u>Building Level</u>	G	GROUND LEVEL
<u>Service Status</u>	IN	IN SERVICE (INCL. STANDBY)	<u>Expected Life</u>	25	
<u>Avg Monthly Usage</u>	720.00		<u>Total Usage</u>	0.00	
<u>Model #</u>	DEPOX 3 U-95213		<u>Warranty Expires</u>		MTBF 0
<u>Serial #</u>	AZ91670		<u>Purchase Date</u>		<u>Purchase Cost</u> 0.00
<u>Budget #</u>					

Initiated By Initiated Date 22/07/2003 Scheduled 01/08/2003 08:00
Assigned To Service # Due

AuthorizationBudget #CrewMaint TypePriorityProblem

Project 6054 CHRYSLER WATER WELL SYSTEM Out of Service ☐
Source Potential Service Request ☐
Last Activity A1101M ANALYZER CHLORINE Last Activity Completed 24/09/2003

Work Order Comments

Calibrated using Hach cl2 handheld analyzer

ActDefn Comments

WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

<u>Task</u>	A1101M	ANALYZER CHLORINE
-------------	--------	-------------------

<u>Safety Message</u>	<u>Description</u>
-----------------------	--------------------

CHEMHA	CHEMICAL HAZARD
--------	-----------------

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			2.28 g/L
OLRF	ON LINE METER READING FINISH			1.46
TMFR	TEST METER FIELD READING			1.46

Safety ProceduresMessage DescriptionActivity 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

A1101M INTRODUCTION:

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 01:04 PM**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

Comments**Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	05/08/2003	08:00	1.00

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*

Ontario Clean Water Agency

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

Equipment Work Order

Report Date 03/10/2003 01:09 PM

Submitted By Jean Veilleux

Page 1

Work Order #	601936	Activity	A1100A	METER FLOW	
Equipment ID	0000101100	Description	METER FLOW TREATED DISCH		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	CRYSLER WTP, FLOW METER TREATED DISCH				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	70.00		Total Usage	0.00	
Model #	30FH80-7D1ED11F218		Warranty Expires		MTBF 0
Serial #	TZ274502		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By _____ **Initiated Date** 25/06/2003 **Scheduled** 01/08/2003 08:00
Assigned To _____ **Service #** _____ **Due** _____

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 6054

CHRYSLER WATER WELL SYSTEM

Out of Service ☐

Source

Potential Service Request ☐

Last Activity A1100A

METER FLOW

Last Activity Completed

03/10/2003

Work Order Comments

Annual inspection completed.

ActDefn Comments

METER O&M MANUAL

Task	A1100A	METER FLOW
Safety Message	Description	
SHOCK	ELECTRICAL HAZARD	
Tool	Description	Qty Reqd Qty Used
DIGMUL	DIGITAL MULTIMETER	1.00
SIMULA	PROCESS SIMULATOR	1.00

Performance Indicator	Description	Low Value	High Value	Measured Value
AOE%	AVERAGE OUTPUT ERROR PERCENT			0.56
IN1F	INPUT (1)			0.0
IN2F	INPUT (2)			18.7
IN3F	INPUT (3)			
IN4F	INPUT (4)			
O1	OUTPUT THEORETICAL (1)			4.00
O1M	OUTPUT MEASURED (1)			3.99
O2	OUTPUT THEORETICAL (2)			9.39

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 01:09 PM**Submitted By** Jean Veilleux

Page 2

Work Order # 601936 **Activity** A1100A **METER FLOW**

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			9.21
O3	OUTPUT THEORETICAL (3)			
O3M	OUTPUT MEASURED (3)			
O4	OUTPUT THEORETICAL (4)			
O4M	OUTPUT MEASURED (4)			

Safety Procedures
Message Description**Activity Comments**

ANNUAL ANNUAL MAINTENANCE

A1100A 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

A1100A MAINTENANCE PROCEDURE:

- 1) Have a qualified technician calibrate the unit, using actual flow method or flow simulator.
- 2) Calibration records must be kept for a period of five years.
- 3) Records shall include the level of accuracy of the equipment as found and as left.
- 4) Calibration test equipment shall be certified annually and certification dates recorded on the calibration record. Some test equipment may not require calibration
- 5) Record any adjustments, modifications or replacements made to the equipment during the calibration.
- 6) Verify accuracy of electronic outputs to the end device as required based on theoretical versus actual values .{Chart recorders, SCADA, Outpost 5}
- 7) Ensure all nameplate data is recorded and entered in WMS.

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Comments

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 01:09 PM

Submitted By Jean Veilleux

Page 3

Work Order # 601936 Activity A1100A METER FLOW

Started				Completed							
Date	25/06/2003	Time	08:00	By	80300	Date	03/10/2003	Time	11:13	Hours	2.00

Result	COMPLET	Condition	A	Quantity		Unit of Meas	
--------	---------	-----------	---	----------	--	--------------	--

Total Usage	
-------------	--

Data Group		Sign-off	<i>Jean Veilleux</i>
------------	--	----------	----------------------

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 12:58 PM

Submitted By Jean Veilleux

Page 1

Work Order # 628980 Activity A1836M ANALYZER TURBIDITY

Equipment ID 0000101836 Description ANALYZER TURBIDITY CRYSLER

Site FAC 6054 Description CRYSLER WATER WELL SYSTEM
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc WWE WATER WELL
Loc Qualifier CRYSLER WATER TREATMENT SYSTEM:

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building PS PUMPING STATION BUILDING Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720D Warranty Expires MTBF 0
Serial # 00100007906 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 22/09/2003 Scheduled 01/09/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 6054 CHRYSLER WATER WELL SYSTEM

Out of Service ☐

Source

Potential Service Request ☐

Last Activity A1836M ANALYZER TURBIDITY

Last Activity Completed 24/09/2003

Work Order Comments

Verified with Hach ICE Pick. Left as is.

Task A1836M ANALYZER TURBIDITY

Tool	Description	Qty Req'd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.516
OLRF	ON LINE METER READING FINISH			.516
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1836M

INTRODUCTION:

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

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 12:58 PM

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	By	Date	Time	Hours
		80636	24/09/2003	08:00	1.00

Result COMPLET

Condition

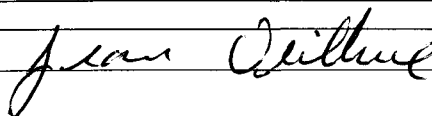
Quantity

Unit of Meas

Total Usage

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

Report Date 03/10/2003 12:57 PM

Submitted By Jean Veilleux

Page 1

Work Order #	628979	Activity	A1101M	ANALYZER CHLORINE	
Equipment ID	0000101101	Description	ANALYZER CHLORINE TREATED FLUO		
Site	FAC	6054	Description	CRYSLER WATER WELL SYSTEM	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	DISF	DISINFECTION (UV, CHLORINATION
Loc Qualifier	CRYSLER WTP: ANALYZER CHLORINE - FLOURIDE TRT WATER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PLAN	PLANT BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	AZ91670		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By _____ **Initiated Date** 22/09/2003 **Scheduled** 01/09/2003 08:00
Assigned To _____ **Service #** _____ **Due** _____

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 6054 CHRYSLER WATER WELL SYSTEM

Source _____ Out of Service ☐Last Activity A1101M ANALYZER CHLORINE Potential Service Request ☐

Last Activity Completed 24/09/2003

Work Order Comments

Compared with cl2 Deplox 3 with Hach handheld cl2 meter. Readings within 6% of each other. Left as is.

ActDefn Comments

WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1101M ANALYZER CHLORINE

Safety Message Description

CHEMHA CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.19 mg/L
OLRF	ON LINE METER READING FINISH			1.19
TMFR	TEST METER FIELD READING			1.27

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1101M INTRODUCTION:

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 12:57 PM**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

Comments**Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	24/09/2003	08:00	1.00

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To Robert Walker.

Company Acutest

Fax Number 727-5222.

From Dave.

Date _____

Number of Pages 6. (including this page)

Subject LAB NOTIFICATIONS

As per your request.

None of these CoFA's require

any sampling other than tables

A, B, C & D.

Dave

**ACCUTEST LABORATORIES LTD.**

Ottawa • Kingston

NOTIFICATION OF LABORATORY SERVICES**Ontario Regulation 459/00**

Friday, February 21, 2003

Mr. Blair Henderson
CRYSLER WELL SUPPLY
OCWA Chesterville
5 Industrial Drive
Chesterville, ON K0C 1H0

220008649

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 CRYSLER 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 CRYSLER WELL SUPPLY is obligated to have analyzed as specified in a Certificate of Approval or a Director's Order. Do not include those tests that you may be performing on-site or are doing for a study. Once I have received the information, I will forward it to Sonia Coelho-Murphy at the MOE, who will then adjust the notification information accordingly. Note that when there are any changes to your "C of A" you must update the Notification form and re-send it to the MOE and be sure to request the appropriate tests when submitting samples to the lab.

Sincerely,

Robert Walker
Accutest Laboratories Ltd.

Please fax this page back to Accutest at (613) 727-5222

Name of Waterworks:
CRYSLER WELL SUPPLY

Waterworks Number:
220008649

<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	DOC
<input type="checkbox"/>	Chloramines	<input type="checkbox"/>	TOC
<input type="checkbox"/>	Turbidity	<input type="checkbox"/>	Zinc
<input type="checkbox"/>	NTA	<input type="checkbox"/>	Aluminum
<input type="checkbox"/>	Colour	<input type="checkbox"/>	NDMA
<input type="checkbox"/>	pH	<input type="checkbox"/>	Benzo(a)pyrene
<input type="checkbox"/>	Conductivity	<input type="checkbox"/>	Radionuclides
<input type="checkbox"/>	Hardness	<input type="checkbox"/>	Dioxins/Furans
<input type="checkbox"/>	Alkalinity	<input type="checkbox"/>	Faecal Coliforms

Other Required Tests: _____
(other than ODWS Tables A, B, C, or D)

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

Log for
OCWA
(613) 448-1616
Feb 21 2003 11:40am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 21	11:37am	Fax Sent	7275222	2:37	6	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To MOE

Company _____

Fax Number 416-235-5744

From Dave Markell

Date ~~FEB. 27/03~~ March 3/03

Number of Pages 16 (including this page)

Subject Lab Services Update

~~CH~~ Chrysler

work # 220008649



Ministry
of the
Environment

Ministère
de
l'Environnement

2 of 16
Page 1 of 1
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

DATE OF SUBMISSION (dd/mm/yy): <u>Mar. 3/03</u>		DATE RECEIVED (dd/mm/yy):	
NEW SUBMISSION <input type="checkbox"/> UPDATED SUBMISSION <input checked="" type="checkbox"/>			
WATERWORKS INFORMATION			
NAME OF WATERWORKS: <u>Crysler Water</u>		WATERWORKS #: <u>220008649</u>	
LOCATION OF WATERWORKS: <u>15642</u> county rd. 13 <u>Crysler</u> Ontario, <u>K0A 1R0</u> <small>Street # and Name Town/City Postal Code</small>			
CONTACT NAME: <u>Dave Markell</u>		POSITION / TITLE: <u>Process tech.</u>	
PHONE: <u>613-448-3098</u> FAX: <u>613-448-1616</u>		E-Mail: <u>d.markell@ocwa.com</u>	
ADDRESS: <u>5 Industrial dr. C</u> <u>Chesterville</u> Ontario, <u>K0C 1H0</u> <small>Street # and Name Town/City Postal Code</small>			
WATERWORKS OWNER: <input checked="" type="checkbox"/> MUNICIPAL, NAME <u>N. Stormont</u> <input type="checkbox"/> PROVINCIAL, NAME _____			
<input type="checkbox"/> FEDERAL, NAME _____ <input type="checkbox"/> INDUSTRIAL, NAME _____			
<input type="checkbox"/> PRIVATE, NAME _____ <input type="checkbox"/> OTHER, NAME _____			
WATER SOURCE: <input type="checkbox"/> GROUND <input type="checkbox"/> 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:			
<input checked="" type="checkbox"/> E. coli - Membrane Filtration <input type="checkbox"/> Fecal coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform background - Membrane Filtration <input type="checkbox"/> HPC - Membrane Filtration <input type="checkbox"/> E. coli - Presence/Absence <input type="checkbox"/> Fecal coliform - Presence/Absence <input type="checkbox"/> Total coliform - Presence/Absence <input type="checkbox"/> E. coli - Most Probable Number <input type="checkbox"/> Fecal Coliform - Most Probable Number <input type="checkbox"/> Total Coliform - Most Probable Number <input checked="" type="checkbox"/> Heterotrophic Plate Count - Spread Plate <input type="checkbox"/> Heterotrophic Plate Count - Pour Plate Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____ _____		Name of Accredited Laboratory: Name of Accredited Laboratory: Caduceon Environmental Laboratories (Holly Lane) ADDRESS: 2378 Holly Lane Ottawa, ON. K1V 7P1 PHONE: (613) 526-0123 FAX: (613) 731-0851 E mail: mziebell@caduceonlabs.com	



Ministry
of the
Environment

Ministère
de
l'Environnement

3 of 16
Page 1 of 4
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

DATE OF SUBMISSION (dd/mm/yy):		DATE RECEIVED (dd/mm/yy):	
NEW SUBMISSION <input type="checkbox"/> UPDATED SUBMISSION <input type="checkbox"/>			
WATERWORKS INFORMATION			
NAME OF WATERWORKS: _____		WATERWORKS #: _____	
LOCATION OF WATERWORKS:			
_____ <small>Street # and Name</small>		_____ <small>Town/City</small> , Ontario, _____ <small>Postal Code</small>	
CONTACT NAME: _____		POSITION / TITLE: _____	
PHONE: _____		FAX: _____ E-Mail: _____	
ADDRESS: _____ <small>Street # and Name</small>		_____ <small>Town/City</small> , Ontario, _____ <small>Postal Code</small>	
WATERWORKS OWNER: <input type="checkbox"/> MUNICIPAL, NAME _____ <input type="checkbox"/> PROVINCIAL, NAME _____			
<input type="checkbox"/> FEDERAL, NAME _____ <input type="checkbox"/> INDUSTRIAL, NAME _____			
<input type="checkbox"/> PRIVATE, NAME _____ <input type="checkbox"/> OTHER, NAME _____			
WATER SOURCE: <input type="checkbox"/> GROUND <input type="checkbox"/> 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 <input checked="" type="checkbox"/>		Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD. Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1 Phone: (613) 727-5692 Fax: (613) 727-5222 E-Mail: info@accutestlabs.com Comments:	
Fecal coliform - Membrane Filtration <input checked="" type="checkbox"/>			
Total coliform - Membrane Filtration <input checked="" type="checkbox"/>			
Total coliform background - Membrane Filtration <input checked="" type="checkbox"/>			
HPC - Membrane Filtration <input checked="" type="checkbox"/>			
E. coli - Presence/Absence <input type="checkbox"/>			
Fecal coliform - Presence/Absence <input type="checkbox"/>			
Total coliform - Presence/Absence <input type="checkbox"/>			
E. coli - Most Probable Number <input type="checkbox"/>			
Fecal Coliform - Most Probable Number <input type="checkbox"/>			
Total Coliform - Most Probable Number <input type="checkbox"/>			
Heterotrophic Plate Count - Spread Plate <input type="checkbox"/>			
Heterotrophic Plate Count - Pour Plate <input type="checkbox"/>			
Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			


 Ministry
of the
Environment

 Ministère
de
l'Environnement

 4/16
Page 2 of 4

Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/>	Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD. Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1 Phone: (613) 727-5892 Fax: (613) 727-5222 E-Mail: info @ accutestlabs . com Comments:	
1,4-dichlorobenzene <input type="checkbox"/>	Trichloroethylene <input type="checkbox"/>		
1,2-dichloroethane <input type="checkbox"/>	Trihalomethanes <input type="checkbox"/>		
1,1-dichloroethylene <input type="checkbox"/>	Toluene <input type="checkbox"/>		
Benzene <input type="checkbox"/>	Vinyl Chloride <input type="checkbox"/>		
Carbon Tetrachloride <input type="checkbox"/>	Xylene <input type="checkbox"/>		
Dichloromethane <input type="checkbox"/>	Ethylbenzene <input type="checkbox"/>		
Monochlorobenzene <input type="checkbox"/>			
All of the above <input checked="" type="checkbox"/>			
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
*Cyanide <input checked="" type="checkbox"/>	*Chloramines <input checked="" type="checkbox"/>	Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD. Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1 Phone: (613) 727-5892 Fax: (613) 727-5222 E-Mail: info @ accutestlabs . com Comments:	
*Turbidity <input checked="" type="checkbox"/>	*Nitritotriacetic acid (NTA) <input type="checkbox"/>		
* Found in Schedule 4 of the Regulation			
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
<u>COLOUR, pH, CONDUCTIVITY</u> <u>HARDNESS, ALKALINITY</u> <u>DOC, TOC</u>			
Barium <input type="checkbox"/>	Copper <input type="checkbox"/>	Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD. Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1 Phone: (613) 727-5892 Fax: (613) 727-5222 E-Mail: info @ accutestlabs . com Comments:	
Boron <input type="checkbox"/>	Iron <input type="checkbox"/>		
Cadmium <input type="checkbox"/>	Lead <input type="checkbox"/>		
Chromium <input type="checkbox"/>	Manganese <input type="checkbox"/>		
Arsenic <input type="checkbox"/>	Selenium <input type="checkbox"/>		
Mercury <input type="checkbox"/>	Nitrate + Nitrite <input type="checkbox"/>		
Uranium <input type="checkbox"/>			
Sodium <input type="checkbox"/>			
Fluoride <input type="checkbox"/>			
All of the above <input checked="" type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
<u>Zinc, ALUMINUM</u>			



Ministry
of the
Environment

Ministère
de
l'Environnement

Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	Trihalomethanes	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>
Carbon Tetrachloride	<input type="checkbox"/>	Xylene	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>
Monochlorobenzene	<input type="checkbox"/>		
All of the above	<input checked="" type="checkbox"/>		
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
		Name of Accredited Laboratory:	
		Caduceon Environmental Laboratories (Camelot)	
		ADDRESS: 40 Camelot Dr. Ottawa, ON. K2G 5X8	
		PHONE: (613) 228-1145 FAX: (613) 228-1148	
		E-Mail: ecclarkin@arecolabs.com	
		Name of Accredited Laboratory:	
*Cyanide <input checked="" type="checkbox"/>		Name of Accredited Laboratory:	
*Chloramines <input type="checkbox"/>		Caduceon Environmental Laboratories (Kingston)	
*Turbidity <input type="checkbox"/>		ADDRESS: 133 Dalton Ave. Kingston, ON. K7K 6C2	
*Nitritotriacetic acid (NTA) <input type="checkbox"/>		PHONE: (613) 544-2001 FAX: (613) 544-2770	
* Found in Schedule 4 of the Regulation		E-Mail: ctrl@kingston.net	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
Ammonia			
		Name of Accredited Laboratory:	
Barium <input checked="" type="checkbox"/>		Name of Accredited Laboratory:	
Boron <input checked="" type="checkbox"/>		Caduceon Environmental Laboratories (Holly Lane)	
Cadmium <input checked="" type="checkbox"/>		ADDRESS: 2378 Holly Lane Ottawa, ON. K1V 7P1	
Chromium <input checked="" type="checkbox"/>		PHONE: (613) 526-0123 FAX: (613) 731-0851	
Arsenic <input checked="" type="checkbox"/>		E mail: mzicbell@caduceonlabs.com	
Mercury <input checked="" type="checkbox"/>			
Uranium <input checked="" type="checkbox"/>			
Sodium <input checked="" type="checkbox"/>			
Fluoride <input checked="" type="checkbox"/>			
All of the above <input checked="" type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
Zinc, Aluminum, Calcium			

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/> 1,4-dichlorobenzene <input type="checkbox"/> 1,2-dichloroethane <input type="checkbox"/> 1,1-dichloroethylene <input type="checkbox"/> Benzene <input type="checkbox"/> Carbon Tetrachloride <input type="checkbox"/> Dichloromethane <input type="checkbox"/> Monochlorobenzene <input type="checkbox"/> All of the above <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/> Trichloroethylene <input type="checkbox"/> Trichloromethanes <input type="checkbox"/> Toluene <input type="checkbox"/> Vinyl Chloride <input type="checkbox"/> Xylene <input type="checkbox"/> Ethylbenzene <input type="checkbox"/>	Name of Accredited Laboratory: _____ Address: _____ Phone: _____ Fax: _____ E-Mail: _____ Comments: _____	
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Discretion: _____ _____			
*Cyanide <input type="checkbox"/> *Chloramines <input type="checkbox"/> *Turbidity <input checked="" type="checkbox"/> *Nitritotriacetic acid (NTA) <input type="checkbox"/> * Found in Schedule 4 of the Regulation		Name of Accredited Laboratory: _____ <div style="border: 1px solid black; padding: 5px;"> 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: mzicbell@caduceonlabs.com </div>	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Discretion: <u>pH Chloride SULPHATE</u> <u>Alkalinity Conductivity</u> <u>Colour, Hardness</u>			
Barium <input type="checkbox"/> Boron <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Uranium <input type="checkbox"/> Sodium <input type="checkbox"/> Fluoride <input type="checkbox"/> All of the above <input type="checkbox"/>	Copper <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Manganese <input type="checkbox"/> Selenium <input type="checkbox"/> Nitrate + Nitrite <input type="checkbox"/>	Name of Accredited Laboratory: _____ Address: _____ Phone: _____ Fax: _____ E-Mail: _____ Comments: _____	
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Discretion: _____ _____			



Ministry
of the
Environment

Ministère
de
l'Environnement

7/16
Page 4 of 7
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
1,4-dichlorobenzene <input type="checkbox"/>	Trichloroethylene <input type="checkbox"/>		
1,2-dichloroethane <input type="checkbox"/>	Trihalomethanes <input type="checkbox"/>		
1,1-dichloroethylene <input type="checkbox"/>	Toluene <input type="checkbox"/>		
Benzene <input type="checkbox"/>	Vinyl Chloride <input type="checkbox"/>		
Carbon Tetrachloride <input type="checkbox"/>	Xylene <input type="checkbox"/>		
Dichloromethane <input type="checkbox"/>	Ethylbenzene <input type="checkbox"/>		
Monochlorobenzene <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			
*Cyanide <input type="checkbox"/>		Name of Accredited Laboratory:	
*Chloramines <input type="checkbox"/>		Name of Accredited Laboratory:	
*Turbidity <input type="checkbox"/>		Caduceon Environmental Laboratories (Camelot)	
*Nitrotriacetic acid (NTA) <input type="checkbox"/>		ADDRESS: 40 Camelot Dr.	
* Found in Schedule 4 of the Regulation		Ottawa, ON.	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: TKU _____		K2G 5X8	
		PHONE: (613) 228-1145 FAX: (613) 228-1148	
		E-Mail: gclarkin@arccolabs.com	
Barium <input type="checkbox"/>	Copper <input type="checkbox"/>	Name of Accredited Laboratory:	
Boron <input type="checkbox"/>	Iron <input type="checkbox"/>	Address:	
Cadmium <input type="checkbox"/>	Lead <input type="checkbox"/>	Phone: Fax:	
Chromium <input type="checkbox"/>	Manganese <input type="checkbox"/>	E-Mail:	
Arsenic <input type="checkbox"/>	Selenium <input type="checkbox"/>	Comments:	
Mercury <input type="checkbox"/>	Nitrate + Nitrite <input type="checkbox"/>		
Uranium <input type="checkbox"/>			
Sodium <input type="checkbox"/>			
Fluoride <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			



Ministry
of the
Environment

Ministère
de
l'Environnement

3/16
Page 3 of 4
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
1,4-dichlorobenzene <input type="checkbox"/>	Trichloroethylene <input type="checkbox"/>		
1,2-dichloroethane <input type="checkbox"/>	Trihalomethanes <input type="checkbox"/>		
1,1-dichloroethylene <input type="checkbox"/>	Toluene <input type="checkbox"/>		
Benzene <input type="checkbox"/>	Vinyl Chloride <input type="checkbox"/>		
Carbon Tetrachloride <input type="checkbox"/>	Xylene <input type="checkbox"/>		
Dichloromethane <input type="checkbox"/>	Ethylbenzene <input type="checkbox"/>		
Monochlorobenzene <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			
*Cyanide <input type="checkbox"/>		Name of Laboratory: Maxxam Analytics Inc. Address: 5540 McAdam Rd. Mississauga Ont L4Z 1P1 Phone: 905-890-2555 Fax: 905-890-2321 E Mail: jdisensi@qc.maxxam.ca Comments:	
*Chloramines <input type="checkbox"/>			
*Turbidity <input type="checkbox"/>			
*Nitrotriacetic acid (NTA) <input checked="" type="checkbox"/>			
* Found in Schedule 4 of the Regulation			
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____ _____ _____			
Barium <input type="checkbox"/>	Copper <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
Boron <input type="checkbox"/>	Iron <input type="checkbox"/>		
Cadmium <input type="checkbox"/>	Lead <input type="checkbox"/>		
Chromium <input type="checkbox"/>	Manganese <input type="checkbox"/>		
Arsenic <input type="checkbox"/>	Selenium <input type="checkbox"/>		
Mercury <input type="checkbox"/>	Nitrate + Nitrite <input type="checkbox"/>		
Uranium <input type="checkbox"/>			
Sodium <input type="checkbox"/>			
Fluoride <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			



Ministry
of the
Environment

Ministère
de
l'Environnement

9/16
~~Page 1 of 1~~
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	Trihalomethanes	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>
Carbon Tetrachloride	<input type="checkbox"/>	Xylene	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>
Monochlorobenzene	<input type="checkbox"/>		
All of the above	<input type="checkbox"/>		
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
		Address:	
		Phone:	
		Fax:	
		E-Mail:	
		Comments:	
*Cyanide	<input type="checkbox"/>	Name of Laboratory:	
*Chloramines	<input type="checkbox"/>	SGS Lakefield Research	
*Turbidity	<input type="checkbox"/>	Address: 185 Concession Rd.	
*Nitritotriacetic acid (NTA)	<input type="checkbox"/>	Lakefield Ont K0L 2H0	
* Found in Schedule 4 of the Regulation		Phone: 705-625-2000 Fax: 705-652-6441	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		E Mail: dwingett@lakefield.com	
DOC		Comments:	
Barium	<input type="checkbox"/>	Copper	<input type="checkbox"/>
Boron	<input type="checkbox"/>	Iron	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	Manganese	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	Selenium	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	Nitrate + Nitrite	<input type="checkbox"/>
Uranium	<input type="checkbox"/>		
Sodium	<input type="checkbox"/>		
Fluoride	<input type="checkbox"/>		
All of the above	<input type="checkbox"/>		
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
		Address:	
		Phone:	
		Fax:	
		E-Mail:	
		Comments:	


 Ministry
of the
Environment

 Ministère
de
l'Environnement

10/16

Page 3 of 4

Revised - September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)
Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	<input checked="" type="checkbox"/>	Glyphosate	<input checked="" type="checkbox"/>
2,4-dichlorophenol	<input checked="" type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input checked="" type="checkbox"/>
2,4,6-trichlorophenol	<input checked="" type="checkbox"/>	Lindane	<input checked="" type="checkbox"/>
2,4-D	<input checked="" type="checkbox"/>	Malathion	<input checked="" type="checkbox"/>
2,4,5-T	<input checked="" type="checkbox"/>	Methoxychlor	<input checked="" type="checkbox"/>
Alachlor	<input checked="" type="checkbox"/>	Metolachlor	<input checked="" type="checkbox"/>
Aldicarb	<input checked="" type="checkbox"/>	Metribuzin	<input checked="" type="checkbox"/>
Aldrin + Dieldrin	<input checked="" type="checkbox"/>	Paraquat	<input checked="" type="checkbox"/>
Atrazine + Metabolites	<input checked="" type="checkbox"/>	Parathion	<input checked="" type="checkbox"/>
Azinphos-methyl	<input checked="" type="checkbox"/>	PCBs	<input checked="" type="checkbox"/>
Bendiocarb	<input checked="" type="checkbox"/>	Pentachlorophenol	<input checked="" type="checkbox"/>
Bromoxynil	<input checked="" type="checkbox"/>	Phorate	<input checked="" type="checkbox"/>
Carbaryl	<input checked="" type="checkbox"/>	Picloram	<input checked="" type="checkbox"/>
Carbofuran	<input checked="" type="checkbox"/>	Prometryne	<input checked="" type="checkbox"/>
Chlordane (Total)	<input checked="" type="checkbox"/>	Simazine	<input checked="" type="checkbox"/>
Chlorpyrifos	<input checked="" type="checkbox"/>	Temephos	<input checked="" type="checkbox"/>
Cyanazine	<input checked="" type="checkbox"/>	Terbufos	<input checked="" type="checkbox"/>
DDT + Metabolites	<input checked="" type="checkbox"/>	Triallate	<input checked="" type="checkbox"/>
Diazinon	<input checked="" type="checkbox"/>	Trifluralin	<input checked="" type="checkbox"/>
Dicamba	<input checked="" type="checkbox"/>		
Diclofop-methyl	<input checked="" type="checkbox"/>		
Dimethoate	<input checked="" type="checkbox"/>		
Dinoseb	<input checked="" type="checkbox"/>		
Diquat	<input checked="" type="checkbox"/>		
Diuron	<input checked="" type="checkbox"/>		

*Nitrosodimethylamine (NDMA) ☐
 *Benzo(a)pyrene ☐
 *Radionuclides ☐
 *Dioxins and furans ☐

* Found in Schedule 4 of the Regulation

 All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

ACCUTEST LABORATORIES LTD.

Address: 8-146 COLONNADE RD.

NEPEAN, ON K2E 7Y1

Phone: (613) 727-5892 Fax: (613) 727-5222

E-Mail: info@accutestlabs.com

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:



Ministry
of the
Environment

Ministère
de
l'Environnement

Page 2 of 3
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:	
2,3,4,6-tetrachlorophenol	<input checked="" type="checkbox"/>
2,4-dichlorophenol	<input checked="" type="checkbox"/>
2,4,6-trichlorophenol	<input checked="" type="checkbox"/>
2,4-D	<input checked="" type="checkbox"/>
2,4,5-T	<input checked="" type="checkbox"/>
Alachlor	<input checked="" type="checkbox"/>
Aldicarb	<input checked="" type="checkbox"/>
Aldrin + Dieldrin	<input checked="" type="checkbox"/>
Atrazine + Metabolites	<input checked="" type="checkbox"/>
Azinphos-methyl	<input checked="" type="checkbox"/>
Bendiocarb	<input checked="" type="checkbox"/>
Bromoxynil	<input checked="" type="checkbox"/>
Carbaryl	<input checked="" type="checkbox"/>
Carbofuran	<input checked="" type="checkbox"/>
Chlorfane (Total)	<input checked="" type="checkbox"/>
Chlorpyrifos	<input checked="" type="checkbox"/>
Cyanazine	<input checked="" type="checkbox"/>
DDT + Metabolites	<input checked="" type="checkbox"/>
Diazinon	<input checked="" type="checkbox"/>
Dicamba	<input checked="" type="checkbox"/>
Diclofop-methyl	<input checked="" type="checkbox"/>
Dimethoate	<input checked="" type="checkbox"/>
Dinoseb	<input checked="" type="checkbox"/>
Diquat	<input checked="" type="checkbox"/>
Diuron	<input checked="" type="checkbox"/>
*Nitrosodimethylamine (NDMA)	<input type="checkbox"/>
*Benzo(a)pyrene	<input checked="" type="checkbox"/>
*Radionuclides	<input type="checkbox"/>
*Dioxins and furans	<input type="checkbox"/>
* Found in Schedule 4 of the Regulation	
All of the above	<input type="checkbox"/>
Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:	
(1) Name of Accredited Laboratory:	
Name of Accredited Laboratory: Caduceon Environmental Laboratories (Kingston)	
ADDRESS: 133 Dalton Ave. Kingston, ON. K7K 6C2	
PHONE: (613) 544-2001 FAX: (613) 544-2770	
E-Mail: etrl@kingston.net	
(2) Name of Accredited Laboratory (if applicable):	
Address:	
Phone: Fax:	
E-Mail:	
Comments:	
(3) Name of Accredited Laboratory (if applicable):	
Address:	
Phone: Fax:	
E-Mail:	
Comments:	



Ministry
of the
Environment

Ministère
de
l'Environnement

Page 2 of 11
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:	
2,3,4,5-tetrachlorophenol	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>
DBT + Metabolites	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>
Diclofop-methyl	<input type="checkbox"/>
Dimethoate	<input type="checkbox"/>
Dinoseb	<input type="checkbox"/>
Diquat	<input type="checkbox"/>
Diuron	<input type="checkbox"/>
*Nitrosodimethylamine (NDMA)	<input type="checkbox"/>
*Benzo(a)pyrene	<input type="checkbox"/>
*Radionuclides	<input checked="" type="checkbox"/>
*Dioxins and furans	<input type="checkbox"/>
* Found in Schedule 4 of the Regulation	
All of the above	<input type="checkbox"/>
Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:	
(1) Name of Accredited Laboratory:	
Address:	
Phone:	Fax:
E-Mail:	
Comments:	
Name of Accredited Laboratory:	
Becquerel Inc.	
ADDRESS: 3790 Kitimat Rd., Unit #4	
Mississauga, ON.	
L5N 5L9	
PHONE: (905) 826-3080 FAX: (905) 826-4151	
E-Mail: dburgess@becquerel.com	
(3) Name of Accredited Laboratory (if applicable):	
Address:	
Phone:	Fax:
E-Mail:	
Comments:	



Ministry
of the
Environment

Ministère
de
l'Environnement

Page 10 of 11
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,5-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diflufenican	<input type="checkbox"/>		

*Nitrosodimethylamine (NDMA) ☐
*Benzo(a)pyrene ☐
*Radionuclides ☐
*Dioxins and furans ☒

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

Name of Laboratory:

Wellington Laboratories

Address: 398 Laird Rd.

Guelph Ont N1G 3X7

Phone: 519-822-2436 Fax: 519-822-2849

E Mail: colleen@well-labs.com

Comments:

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

Ministry
of the
Environment

Ministère
de
l'Environnement

14/16

~~Page 3 of 4~~

Revised -September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>		

- *Nitrosodimethylamine (NDMA) ☐
- *Benzo(a)pyrene ☒
- *Radionuclides ☐
- *Dioxins and furans ☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

MAXXAM ANALYTICS INC.

Address: 5540 McADAM RD.
MISSISSAUGA, ON L4Z 1P1

Phone: (905) 890-2555 Fax: (905) 890-0370

E-Mail: info@en.maxxam.ca

Comments:

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:


 Ministry
of the
Environment

 Ministère
de
l'Environnement

 15/16
Page 3 of 4

Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>		

*Nitrosodimethylamine (NDMA)	<input checked="" type="checkbox"/>
*Benzo(a)pyrene	<input type="checkbox"/>
*Radionuclides	<input type="checkbox"/>
*Dioxins and furans	<input checked="" type="checkbox"/>

* Found in Schedule 4 of the Regulation

 All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

MAXXAM ANALYTICS INC.

 Address: 50 BATHURST ST., UNIT 12
WATERLOO, ON

Phone: (519) 747-2575 Fax: (519) 747-3806

E-Mail:

Comments:

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

16/16



Ministry
of the
Environment

Ministère
de
l'Environnement

~~Exempt~~
Revised - September 2002

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

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

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Have you taken measures to ensure that ALL laboratories that you use are accredited for the specific testing and are aware of their requirements for reporting data?

Yes ☒ No ☐ Comments:

Have you provided the appropriate laboratories with the Ontario Ministry of the Environment standards for other parameters that you are required to test but which are not listed in the Schedule 4, Ontario Regulation 459/00?

Yes ☒ No ☐ Comments:

Prepared By (please print): Dave Markell

Signature: Dave Markell

Date: Feb 27/03

Title: Process Tech

Mon. 3/03

Please send completed form to:

Ministry of the Environment
Laboratory Services Branch
125 Resources Road
Etobicoke, Ontario
M9P-3V6
Attention: Laboratory Director
Fax: (416) 235-5744 or (416) 235-6312

For further information contact:

Ministry of the Environment
Laboratory Services Branch
Customer Service Section
Phone: (416) 235-6311

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

Log for
OCWA
(613) 448-1616
Mar 03 2003 3:18pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Mar 3	3:14pm	Fax Sent	14162355744	3:36	16	OK



Roger Luu
Ontario Clean Water Agency
Corporate Office
One Yonge Street Suite 1700
Toronto Ontario
M5E 1E5

Thursday May 22, 2003

At your request, please accept this letter as proof that the Sodium Hypochlorite 12%, AWWA Standard B300-99 and Powder Activated Carbon B600-96 that ClearTech supplies to Ontario Clean Water Agency meet the AWWA Standard, American National Standard Institute and NSF 60/61 requirements as requested by the Ministry of Environment.

At this time the AWWA do not have a standard on Sodium Silicate.

Also all products sold to drinking water treatment plants by ClearTech Industries Inc, meet or exceed AWWA ANSI standards.

Should you have any questions, please contact me.

Sincerely
ClearTech

Don Biggs.
Sales Manager
ClearTech Industries Inc.
7480 Bath Road
Mississauga, Ontario
L4T 1L2
905-612-0567
905-612-0575 Fax
dbiggs@cleartech.ca
www.cleartech.ca



Post-It™ Fax Note 7671E	
Date 02/25/03	# of Pages 1
To Roger Iw	From Don Bickas
Co/Depl.	Co.
Phone #	Phone #
Fax # 416 3445455	Fax #

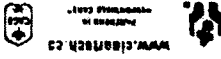
SODIUM HYPOCHLORITE (NaOCl) 12% SOLUTION SPECIFICATIONS

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

Available Chlorine	10.5 - 11.0% w/wt
Specific Gravity @ 15°C	1.15 - 1.20
Crystallizing Point	-25°C

Sodium Hydroxide (NaOH)	0.5 - 0.9% w/wt
Carbonate (Na ₂ CO ₃)	1.48% max
Iron (Fe)	1.1 ppm max
Nickel (Ni)	0.06 ppm max
Copper (Cu)	0.08 ppm max
Cobalt (Co)	0.08 ppm max
This product meets the following standards:	
• Canadian General Standards Board • American Water Works Assoc (AWWA) B-300-92	
This product is certified under NSF Standard 60 for potable water treatment	

CLEARTECH INDUSTRIES INC. 7480 BATH ROAD, MISSISSAUGA, ONTARIO, CANADA L4T 1L2 PHONE (905) 612-0566 FAX (905) 612-0575



TOLL FREE 1-800-387-7503
WWW.CLEARTECH.CS

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



THIS OFFICE

ACCEPTED MANUSCRIPT

WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS TO AVOID FORMING OF THIS WARRANTY.

NEW GOODS - 15% RESTOCKING CHARGE WILL APPLY.



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

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

KINGSTON (3) 384-2410
BARRIE (5) 721-4780
LONDON (9) 659-2101
WAWA (705) 856-2333

OAKVILLE (905) 829-9366
DARTMOUTH, N.S. (902) 468-3756
BURLINGTON VT. (802) 864-0585
MARCY, NY (315) 735-8354

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

ISO
9002
Registered

TO CLEAN (CHESTERTONVILLE)
KIM BAKER
BOX 460
CHESTERTONVILLE
00110

SHIP
TO
CHRYSLER WTP
LEAVE AT MOOSE CREEK
JR FINCH

CONTAINERS ARE NOW
4.4 GALLON SIZE

visit our new full computer database swish.ca
We will gladly set up your electronic invoice for you
contact us at 826-468-0433 or e-mail info@swish.ca
49 CFR TGS reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
00000	hess	613-446-3098	613-448-1616	April 15/02	hess					1
CUST. NO.	SWISH ORDER NO.	SALES PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX/EXEMPT	TERMS	WHSE.
783098	K87856-01	76	Swish TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

IE	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
2	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8(9.2) UN: 1791 PG: III	EACH	6	X	0				3	17		
1	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8(9.2) UN: 1791 PG: III	PAIL	6	X	0				51	303		

Returned from TO
C.R. GOSLER
115473
WTP
HIE - CFS King

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

DEPICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE	24 HOUR TRANSPORT "EMERGENCY" CALL CANUTEC "COLLECT" 613-996-6666	TOTAL DG. WEIGHT	320 lbs.	NUMBER OF PIECES:

MONTHLY STATEMENTS ON REQUEST
CASE PUT CUSTOMER # ON REMITTANCE
OVERDUE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
RETURN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE

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

WHITBY
 OTTAWA
 TIMMINS
 SUBSURY

(905) 866-1224
 (613) 247-9550
 (705) 287-7701
 (705) 523-7490

KINGSTON
 BARRIE
 LONDON
 WAWA

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

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

(905) 828-9386
 (902) 468-3756
 (802) 864-0585
 (315) 735-8354

A/C
 8.51
 8.51

ISO 9002
 Registered
 PARKING SLIP

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

MARIO CLEAN (CHESTERVILLE)

ATTN: KIM BAKER

P.O. BOX 460

CHESTERVILLE

KOC 110

S CHRYSLER

H TREATMENT PLANT

P

T O

MUST HAVE SEPARATE CREDIT FOR

ALL CARBOYS RETURNED

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

CUSTOMER P.O. NO.

ORDER PLACED BY

SALES PERSON

ORDER NO.

SHIP VIA

G.S.T. NUMBER

SWISH CODE

MANUFACTURERS IDENTIFICATION

LOCATION

DATE SHIPPED

INVOICE DATE

C.O.D.

PAGE

1

613-448-3098

613-448-1616

hess

76

Swish TRUCK

R105105191

CUSTOMER TEL. NO.

CUSTOMER FAX NO.

ORDER DATE

TAKEN BY

DATE REQUIRED

PROV. TAX EXEMPT

TERMS

NET 30 DAYS

613-448-3098

613-448-1616

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

May 30/02

hess

76

Swish TRUCK

R105105191

2 111 CHLOR/AM

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

CHLORINE

4600-5

DEPOSIT ON EMPTY 20L CONTAINER

RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

GROUP AT MOOSE CREEK

SWISH BRITE 12Z - KINGSTON ONLY

HYPOCHLORITE SOLUTION

CLASS: 8(9.2) UN: 1791 PG: 111

PAID

51 253

This is your packing slip

Some items may be shipped under CFR49 (U.S.) TD6 equivalent regulation

DELIVERED BY

CHECKED BY

DATE

TIME

LOCATION

REMARKS

*X=P.S.T. EXEMPT

TOTAL

24 HOUR TRANSPORT "EMERGENCY"

CALL CANUTEC "COLLECT"

613-996-6666

PAYMENT DUE

PST/QST

TOTAL

24 HOUR TRANSPORT "EMERGENCY"

CALL CANUTEC "COLLECT"

613-996-6666

TOTAL

DG. WEIGHT

267

NUMBER OF PIECES:

lbs.

AUTH. SIGNATURE

MONTHLY STATEMENTS ON REQUEST

PLEASE PUT CUSTOMER # ON REMITTANCE

IF GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL

RETURN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY

ISSUED AT SHIPPER'S REQUEST

SLIDEN ROAD
 HAMPTON ON

SHIPPER Canada Colors and Chemicals Limited

PAGE 1

CUSTOMER ORDER NUMBER AND REQUISITION NUMBER

CUSTOMER TEL#

413 448-3098

115 356740 07-15-02

SHIPPER'S
 NUMBER

R536723

DELIVERED

(MAIL ADDRESS - NOT FOR PURPOSE OF DELIVERY)

PACKING SLIP

CD
 ONT
 CHESTERVILLE
 CHEYSLER WATER TREATMENT PLANT
 13642 COUNTY RD. #13
 CHEYSLER
 ROC 1HO

ON

WHEEL	DAY & ROSS PPD	ZONE	TRUCK No.	TRAILER No.	STP	SHIPPING DATE
01016				0016140	0	07-16-02
QUANTITY	DESCRIPTION	NET WEIGHT	GROSS WEIGHT IN KILOGRAMS (Subject to Corrections)	FOR CARRIER'S USE CLASS OR RATE		
2	HYDROFLUOSILICIC ACID (N/R) 496000 165.00KG	130	132			
2	HYDROFLUOSILICIC ACID CLASS B UN1778 PGII HYDROFLUOSILICIC ACID 25% LOT #12 @ 84200 = PLS. HAVE DEPT. P/U 07/16 = = TO ARRIVE TO CUSTOMER 07/17 =					
DRIVER: CALL 1 HOUR PRIOR TO DELIVERY AT 1-613-448-3098 DELIVERY BETWEEN: 7:30 A.M. AND 4:00 P.M.						

335 P 3 8/10/02

2x 28x16x16

DANGEROUS GOODS

TOR 4255870 0

July 17/02

NOTE: IF THIS SHIPMENT DOES NOT CORRESPOND WITH THE ABOVE, NOTIFY C.C.C. ORDER DEPT. WITHIN 5 DAYS OF RECEIPT.
 IN CASE OF BREAKAGE OR LOSS IN TRANSIT, HAVE NOTATION MADE ON TRANSPORTATION BILL BEFORE SIGNING AND PAYING FREIGHT BILL.

IN CASE OF TRANSPORT EMERGENCY, SPILL, LEAK, FIRE, OR EXPOSURE
 CALL COLLECT, DAY OR NIGHT CANADA COLORS & CHEMICALS LIMITED (416) 444-2112, CANUTEC (613) 996-6666

Shipper's imprint in lieu of stamp.	PLACARDS TENDERED	2	132
This is to certify that the above named articles are properly classified described, packaged, marked and labelled, and are in proper condition for transportation, according to the applicable regulations.	TOTAL NO. OF PIECES/PKGS.	TOTAL WEIGHT	

SHIPPER Canada Colors and Chemicals Limited

PER

PACKING SLIP

AGENT

DATE

Signature 2/6140
 10/7/002 2145

Swish 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) 247-8650
 TIMMINS (705) 267-7701
 SUDBURY (705) 523-7490

KINGSTON (613) 384-2410
 BARRIE (705) 721-4780
 LONDON (519) 659-2101
 WAWA (705) 856-2333

OAKVILLE (905) 826-9366
 DARTMOUTH N.S. (902) 468-3756
 BURLINGTON VT. (802) 864-0585
 MARCY, NY (315) 795-8354

ISO 9002
 Registered
 PACKING SLIP

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

ONTARIO CLEAN (CHES) LTD.
 ATTN: KIM BAER
 P.O. BOX 140
 CHESTERVILLE
 K0C 1H0

STATIONERY
 S H
 / P
 T O

JUST HAVE SEPARATE CREDIT FOR
 ALL CARGO'S RETURNED

Visit our new full e-commerce website swishcan-
 We will gladly set up your e-account for you. Please
 contact us at 866-465-0433 or e-mail info@swish.ca
 9:00 AM - 5:00 PM EST
 24 HOUR TRANSPORT "EMERGENCY"
 CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO. 002586 ORDER PLACED BY locke
 CUSTOMER TEL NO. 613-448-3098 CUSTOMER FAX NO. 613-448-1616
 ORDER DATE Sep 17/02 ORDER DATE TAKEN BY locke
 CUST. NO. 783098 ORDER NO. K00758-01 PERSON 76
 INVOICE DATE 03/09/02
 NET 30 DAYS

LINE NO.	D.G.	LOCATION	MANUFACTURER'S IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
2	***	CHLOR/RH		1600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASSIFIED UN: 1791 PG: III FOR CHRYSLER WATER TREATMENT DELIVER TO FINCH WILLIAM ST.	EA	1									
1	***	TANKS	CHLORINE	1600-1	SWISH WHITE 12L KINGSTON ONLY HYPOCHLORITE SOLUTION CLASSIFIED UN: 1791 PG: III	PAIL	1									
See items say for shipping and CFR 49 for equivalent regulation																
THANK YOU FOR YOUR PACKING SLIP																
												TOTAL		29		
24 HOUR TRANSPORT "EMERGENCY" CALL CANUTEC "COLLECT" 613-996-6666																
														TOTAL		29
														DG. WEIGHT		lb.
														NUMBER OF PIECES:		
														AUTH. SIGNATURE		

MONTHLY STATEMENTS ON REQUEST
 EASE PUT CUSTOMER # ON REMIT
 SOME GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL
 RETURN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY



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

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

KINGSTON (613) 384-2410
BARRIE (705) 721-4780
LONDON (519) 659-2101
WAWA (705) 856-2333

OAKVILLE (905) 829-9366
DARTMOUTH, N.S. (902) 468-3756
BURLINGTON VT. (802) 864-0585
MARCY, NY (315) 735-8354

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

ISO
9002
Registered

PACKING SLIP

A/C
14.43
14.43

C

ONTARIO CLEAN (CHESTERTVILLE)

ATTN: KIM BAKER

P.O. BOX 460

CHESTERTVILLE

K0C 1H0

SHIP TO

CHRYSLER

KINGSTON

613 384-2410

705 721-4780

519 659-2101

705 856-2333

MUST HAVE SEPARATE CREDIT FOR
ALL CARBOYS RETURNED

CUSTOMER MESSAGE

Visit our new full e-commerce website swishclean.com

We will gladly set up your e-account for you. Please contact us at 866-465-0433 or e-mail info@swish.ca

49 DFR TDG reciprocal regulations

24 HOUR TRANSPORT "EMERGENCY"

CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
002586	hess	613-448-3098	613-448-1616	Dec 11/02	hess		12/17/02			1
CUST. NO.	SWISH ORDER NO.	SALES PERSON	SHIP VIA	G.S.T. NUMBER	PPD. #	PPD. CHG.	COLL.	PROV. TAX EXEMPT	TERMS	WHSE.
783098	K02904-01	76	Swish TRUCK	R105105191	X		XB	EXEMPT	NET 30 DAYS	03

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
03	***	CHLOR/RM		4600-S	REPOSITION EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	5	4		0			1	7		
01	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	5			0			23	114		
02				4600MS	MSDS BULK SWISH BRITE 12%	EA	1									

This is your packing slip

Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT

TOTAL

121

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

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

TOTAL 121
DG. WEIGHT lbs.

MONTHLY STATEMENTS ON REQUEST - 1 1/2% INTEREST PER MONTH ON OVERDUE ACCOUNTS
PLEASE PUT CUSTOMER # ON REMITTANCE
ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL
UNLESS OTHERWISE RETURNED GOODS 15% RESTOCKING CHARGE WILL APPLY

AUTH. SIGNATURE

NUMBER OF PIECES:

ISSUED AT SHIPPER'S REQUEST

PAGE 1

8 GLIDDEN ROAD
RAMPTON ON

SHIPPER Canada Colors and Chemicals Limited

CUSTOMER ORDER NUMBER AND REQUISITION NUMBER

CUSTOMER TEL #

613-448-3098

115 356740 11-27-02

SHIPPER'S
NUMBER

R559598

DELIVERED
(MAIL ADDRESS - NOT FOR PURPOSE OF DELIVERY)

PACKING SLIP

B.C.W.A. - CHESTERVILLE
CHRYSLER WATER TREATMENT PLANT
15642 COUNTY RD #13
CHRYSLER
KOC 1HO ON

WHS#	VIA	ZONE	TRUCK No.	TRAILER No.	STP	SHIPPING DATE
01010	DAY & ROSS PRD	7	053388	0053388	1	11-27-02

DG	QUANTITY	DESCRIPTION	NET WEIGHT	GROSS WEIGHT IN KILOGRAMS (Subject to Corrections)	FOR CARRIER'S USE CLASS OR RATE
		DRIVER TO CALL 1 HOUR PRIOR TO DEL'Y 613-448-3098 DEL'Y BETWEEN 7:30 A.M-4:00PM			
		HYDROFLUOSILICIC ACID (N/R) 496000 65.00KG	130	132	
		FLUORSILICIC ACID CLASS 8 UN1778 PGII HYDROFLUOSILIC ACID 25% LOT # 84280			
		DRIVER: CALL 1 HR PRIOR TO DEL'Y AT: 1-613-448-3098 DEL'Y BETWEEN 7:30AM - 4:00PM			
		DANGEROUS GOODS			
		16x16x22x(2)			

TOR 4221027 8

NOTE: IF THIS SHIPMENT DOES NOT CORRESPOND WITH THE ABOVE, NOTIFY C.C.C. ORDER DEPT. WITHIN 5 DAYS OF RECEIPT.
IN CASE OF BREAKAGE OR LOSS IN TRANSIT, HAVE NOTATION MADE ON TRANSPORTATION BILL BEFORE SIGNING AND PAYING FREIGHT BILL.IN CASE OF TRANSPORT EMERGENCY, SPILL, LEAK, FIRE, OR EXPOSURE
CALL COLLECT, DAY OR NIGHT CANADA COLORS & CHEMICALS LIMITED (416) 444-2112, CANUTEC (613) 996-6666

Shipper's imprint in lieu of stamp.

PLACARDS TENDERED

This is to certify that the above named articles are properly classified,
described, packaged, marked and labelled, and are in proper condition
for transportation, according to the applicable regulations.TOTAL NO.
OF PIECES/PKGS.

2

TOTAL WEIGHT
132.

SHIPPER Canada Colors and Chemicals Limited

PER

AGENT

PER

PACKING SLIP

Swish maintenance limited

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

WHITBY (905) 668-1224
OTTAWA (613) 247-9550
TIMMINS (705) 267-7701
SUDBURY (705) 523-7490

KINGSTON (613) 384-2410
BARRIE (705) 721-4780
LONDON (519) 659-2101
WAWANATON (705) 856-2333

OAKVILLE (905) 468-3756
DARTMOUTH, N.S. (902) 468-3756
BURLINGTON VT. (802) 864-0585
MARCY, NY (315) 735-8354

A/C
15.86
15.86

9002
Register

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

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

S MOOSE CREEK
H 16950 MCNEIL
I
P
T MOOSE CREEK
O

MUST HAVE SEPARATE CREDIT FOR
ALL CARBOYS RETURNED

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

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.
002506	hess	613-448-3098	613-448-1616	Dec19/02	hess		Dec 27/02		

CUST. NO.	SWISH ORDER NO.	SALES- PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL	PROV. TAX EXEMPT	TERMS
783098	K07646-01	76	Swish TRUCK	R105105191	X			EXEMPT	NET 30 DAYS

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE
092	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	25	✓	0				1	33	78
001	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	25	✓	0				23	572	

7 Cuyler hrt
 PU 18 M/T
 4600-5
 5 Drums (CARBOYS) to CRYSLER
 with

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

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.B.T./Q.S.T.	PAYMENT DUE	*X=P.S.T. EXEMPT	TOTAL	605
									24 HOUR TRANSPORT "EMERGENCY" CALL CANUTEC "COLLECT" 613-996-6666		
MONTHLY STATEMENTS ON REQUEST ONLY - 1 1/2% INTEREST PER MONTH ON OVERDUE ACCOUNTS PLEASE PUT CUSTOMER # ON REMITTANCE ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL										NUMBER OF PIECES:	
AUTH. SIGNATURE											



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

WHITBY (905) 666-1224
OTTAWA (613) 247-9550
TIMMINS (705) 267-7701
SUDBURY (705) 745-5763
WINNIPEG (204) 786-8994

KINGSTON (384) 2410
BARRIE (721) 4780
LONDON (659) 2101
WAWA (705) 856-2333

OAKVILLE (905) 829-9366
DARTMOUTH, N.S. (902) 468-3756
BURLINGTON VT. (802) 864-0585
MARCY, NY (315) 735-8354

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

ISO
9002
Registered

PACKING SLIP

A/C
16.02
16.02

VARIO CLEAN (CHESTERVILLE)

ATTN: KIM BAKER

P.O. BOX 460

CHESTERVILLE

KCC 1H0

SHIP MOOSE CREEK

16950 MCNEIL

TO MOOSE CREEK

MUST HAVE SEPARATE CREDIT FOR
ALL CARBOYS RETURNED

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

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
002586	hess	613-448-3098	613-448-1616	Jan 28/03	hess		Jan 30/03			1
CUST. NO.	SWISH ORDER NO.	SALES PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WHSE.
933098	X09965-01	76	TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

QTY.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
2	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: B UN: 1791 PG: III	EACH	25	✓		4.00			1	25		25
1	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: B UN: 1791 PG: III	PAIL	25	✓		0			23	572		572

20 - Moose Creek
5 - Chrysler
18 Mtl
4600-5

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

*X=P.S.T. EXEMPT

TOTAL

599

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

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

TOTAL DG. WEIGHT 599 kg

MONTHLY STATEMENTS ON REQUEST 1% INTEREST PER MONTH ON OVERDUE ACCOUNTS
PLEASE PUT CUSTOMER # ON REMITTANCE
UNPAID GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL
RETURN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY

AUTH. SIGNATURE

NUMBER OF PIECES:

sw 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
 TIMMINS (705) 267-7701
 SUDBURY (705) 745-5763
 WINNIPEG (204) 786-8994

KINGSTON (613) 384-2410
 BARRIE (705) 721-4780
 LONDON (705) 659-2101
 WAWA (705) 856-2333

OAKVILLE (905) 825-9366
 DARTMOUTH, N.S. (902) 468-3756
 BURLINGTON VT. (802) 864-0585
 MARCY, NY (315) 735-8354

ISO 9002
 Registered
 PACKING SLIP

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

ONTARIO CLEAN (CHESTERTVILLE)
 ATTN: KIM BAKER
 P.O. BOX 460
 CHESTERTVILLE
 K0C 1H0

S CHRYSLER
 H I P T O

MUST HAVE SEPARATE CREDIT FOR
 ALL CARBOYS RETURNED

CMES
 USES
 T S
 O A
 M G
 E R

Visit our new full e-commerce website swishclean.com
 We will gladly set up your e-account for you. Please
 contact us at 866-465-0433 or e-mail info@swish.ca
 49 DFR TD6 reciprocal regulations
 24 HOUR TRANSPORT "EMERGENCY"
 CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE												
602586	hess	613-448-3098	613-448-1616	Mar04/03	hess					1												
CUST. NO.	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS															
733098		R105105191	X				NET 30 DAYS															
LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES	WHSE.					
03	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III DROP AT MOOSE CREEK	EACH	8						1	11			03					
01	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	8						23	183								
02				4600MS	MSDS BULK SWISH BRITE 12%	EA																
<p><i>attached to 170047</i></p>																						
<p>Some items may be shipped under CFR49 (U.S.) TD6 equivalent regulation</p>											<p>*X=P.S.T. EXEMPT</p>		<p>TOTAL 194</p>									
<p>ORDER PICKED BY: [Signature]</p>											<p>DELIVERED BY: [Signature]</p>		<p>TRUCK #</p>		<p>FREIGHT</p>		<p>PAYMENT DUE</p>		<p>24 HOUR TRANSPORT "EMERGENCY" CALL CANUTEC "COLLECT" 613-996-6666</p>		<p>TOTAL 194</p>	
<p>MONTHLY STATEMENTS ON REQUEST - 1% INTEREST PER MONTH ON OVERDUE ACCOUNTS PLEASE PUT CUSTOMER # ON REMITTANCE ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL. MONTHLY APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.</p>																						
<p>AUTH. SIGNATURE _____ PRINT NAME _____</p>																						
<p>NUMBER OF PIECES: _____ DG. WEIGHT _____ kg</p>																						

NO 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
ANAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF PACKAGES UNKNOWN), MARKED, CONSIGNED
CH 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.

IFICATIONS ET TARIFFS 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 TARIFFS
LIVRANCE 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
MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À
LE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

OCWA MOOSE CREEK WTP		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc.				
STREET ADDRESS ADRESSE (N° RUE) 16950 MCNEIL ROAD MOOSE CREEK, ON PROVINCE OR STATE PROVINCE OU ÉTAT KOC 1W0 Canada		STREET ADDRESS ADRESSE (N° RUE) 3000 Jean Baptiste Deschamps Lachine, PQ PROVINCE OR STATE PROVINCE OU ÉTAT H8T 1E2 Canada				
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT 1136	ORDER NO. N° DE COMMANDE 1330649	B/L NUMBER N° DE CONN. 26209399		
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE	DATE SHIPPED EXPÉDIÉ LE 28.05.2003	CONSOLIDATED B/L NO. CONNAISSEMENT CONS.		
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		INVOICE TO/BUYER-FACTURE À / ACHETEUR OCWA		VEHICLE T/C NO. / MARQUE DU WAGON		
ROUTING / ITINÉRAIRE				PAGE NO. N° DE PAGE 45328092 1		
NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS 1.00 each 32.00 DELCAN		D.G. DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES PALLET WOODEN RETURNABLE X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF TOTAL WEIGHT 4 *CORROSIVE* PLACARDS REQUIRED. ***** * CAMION AVEC TAIL GATE REQUIS ***** ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211		ACTUAL WEIGHT POIDS REEL 0 KILOGRAMS 773 KILOGRAMS 773 KILOGRAMS 4 to Chrysler May 29/03		
GROSS BRUT	TARE	NET	TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ" PREPAID		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992. LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).	DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE \$

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

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

MAXIMUM LIABILITY FOR LOSS OR DAMAGE:
\$2.00 PER POUND OR \$4.41 PER KILOGRAM
UNLESS DECLARED VALUE STATES OTHERWISE.
RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE
2 \$ LA LIVRE OU 4,41 \$ LE KILO, SAUF STIPULATION AU
CONTRAIRE PAR LA VALEUR DÉCLARÉE.

SHIPPER
EXPÉDITEUR
Brenntag Canada Inc.

AGENT

DESTINATAIRE/CONSIGNÉE

PER
PAR

PER
PAR

PER
PAR

4 MEMORANDUM
MÉMOIRANDUM

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

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

1066361

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 CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF PACKAGES UNKNOWN), MARKED, CONSIGNED 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.

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 TARIFFS 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 ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À SA DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À L'ENDROIT FAISANT ROUTE VERS CETTE DESTINATION.

OCWA FINCH WTP		Lachine Warehouse Brenntag Canada Inc.	
STREET ADDRESS ADRESSE (N° RUE) 20 WILLIAM STREET FINCH, ON PROVINCE OR STATE PROVINCE OU ÉTAT KOC 1K0 Canada		STREET ADDRESS ADRESSE (N° RUE) 3000 Jean Baptiste Deschamps Lachine, PQ PROVINCE OR STATE PROVINCE OU ÉTAT H8T 1E2 Canada	
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT 11136	ORDER NO. N° DE COMMANDE 1330654
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE	DATE SHIPPED EXPÉDIÉ LE 28.05.2003
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		VEHICLE T/C NO. / MARQUE DU WAGON	
ROUTING / ITINÉRAIRE		PAGE NO. N° DE PAGE 1	

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

* CAMION AVEC TAIL GATE REQUIS			

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

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

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

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

MAXIMUM LIABILITY FOR LOSS OR DAMAGE:
\$2.00 PER POUND OR \$4.41 PER KILOGRAM
UNLESS DECLARED VALUE STATES OTHERWISE
RESPONSABILITÉ MAXIMALE POUR Perte OU DOMMAGE:
2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU
CONTRAIRE PAR LA VALEUR DÉCLARÉE.

SHIPPER
EXPÉDITEUR

Brenntag Canada Inc.

AGENT

DESTINATAIRE/CONSIGNÉE

PER
PAR

PER
PAR

PER
PAR

THESE PRODUITS ARE SOLD AND SHIPPED IN

CES PRODUITS SONT VENDUS ET

RECEIVED, SUBJECT TO THE CARRIER'S TARIFFS AND CONDITIONS OF SERVICE, THE SHIPPER'S LIABILITY FOR THE GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

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

CONSIGNEE DESTINATAIRE MOOSE CREEK WTP 16950 MCNEIL ROAD MOOSE CREEK, ON K0C 1W0 Canada		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc. 3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada		
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT VERBAL	ORDER NO. N° DE COMMANDE 1341455	BL NUMBER N° DE CONN. 26221006
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE	DATE SHIPPED EXPÉDIE LE 04.07.2003	CONSOLIDATED BL NO. CONNASSEMENT CONS. 03884
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		INVOICE TO BUYER-FACTURE À L'ACHETEUR OCWA		VEHICLE T/C NO. / MARQUE DU WAGON 45328092
ROUTING / ITINÉRAIRE		PAGE NO. N° DE PAGE 1		
NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS 1.00 each 32.00 DELCAN		DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES PALLET WOODEN RETURNABLE X HYPOCHLORITE SOLUTIONS CLASS 8. UN1791, PK GP III SODIUM HYPO10.8%(12% TRICEN RET18.9L NSF TOTAL WEIGHT 4 *CORROSIVE* PLACARDS REQUIRED. CAMION AVEC TAIL GATE REQUIS 2 to Chrysler		ACTUAL WEIGHT POIDS REEL 773 KILOGRAMS 773 KILOGRAMS 773 KILOGRAMS
ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211				

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

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: RE SUIVRE FACTURE POUR EXPÉDITION PORT É EN RÉFÉRENT À NOTRE NUMÉRO DE CONN A:	BRENTAG CANADA INC. 2900 JEAN BAPTISTE DESCHAMPS LACHINE, PQ H8T 1C8	MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR PERTE OU 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPUL CONTRAIRE PAR LA VALEUR DÉCLARÉE.
--	---	--

SHIPPER EXPÉDITEUR Brenntag Canada Inc.	AGENT PER PAR	DESTINATAIRE/CONSIGNEE PER PAR
--	-------------------------	--

EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), IN APPARENT GOOD ORDER, EXCEPT AS NOTED OTHERWISE, AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNaisseMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MARCHANDISES ET MARCHANDISES DE DÉTAIL ET DES TAR 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 C COLIS ÉTANT INCONNUS), MARQUÉES ET CONNÊTES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINOY LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE DESTINATAIRE OCWA FINCH WTP 20 WILLIAM STREET FINCH, ON KOC 1K0 Canada		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc. 3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada	
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT VERBAL	
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		ORDER NO. / N° DE COMMANDE 1341458	
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		DATE SHIPPED / EXPÉDIÉ LE 04.07.2003	
ROUTING / ITINÉRAIRE 45328363		BA NUMBER / N° DE CONN. 26221005	

NO. AND DESCRIPTION OF PACKS / N°RE ET DESCRIPTION DE COLIS	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES	ACTUAL WEIGHT / POIDS RÉEL
1.00 each	PALLET WOODEN RETURNABLE	773 KILOGRAMS
32.00 DELCAN	X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO 10.8% (12% TR) DCN RET 18.9L NSF	773 KILOGRAMS
	TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>	4 *CORROSIVE* PLACARDS REQUIRED	
<p>*****</p> <p>*** CAMION AVEC TAIL GATE REQUIS ***</p> <p>*****</p>		
<p>ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211</p>		

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

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT ÉYÉ EN RÉFÉRENT À NOTRE NUMÉRO DE CONN A:	BRENNTAG CANADA INC. 2900 JEAN BAPTISTE DESCHAMPS LACHINE, PQ H8T 1C8	MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR Perte OU DOMMAGE: 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPUL CONTRAIRE PAR LA VALEUR DÉCLARÉE.
--	--	---

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

ISSUED AT SHIPPER'S REQUEST

J DE LIV

VEHICLE

SPECIALS

ORIGIN 238 GLIDDEN ROAD
BRAMPTON ON

SHIPPER Canada Colors and Chemicals Limited

PAGE 1

CUSTOMER ORDER NUMBER AND REQUISITION NUMBER

CUSTOMER TEL#

SHIPPER'S NUMBER

613 448-3098

115 356740 07-22-03

R598100

3682

(MAIL ADDRESS - NOT FOR PURPOSE OF DELIVERY)

O. C. W. A. - CHESTERTVILLE
CRYSLER WATER TREATMENT PLANT
15642 COUNTY ROAD # 13
CRYSLER
KOG 110

ON

PACKING SLIP

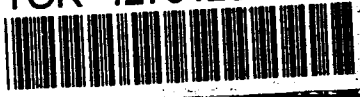
WHS	VIA	ZONE	TRUCK No.	TRAILER No.	STP	SHIPPING DATE
01010	BAY AND ROSS COLLECT	7	016140	0016140	1	07-23-03

DG	QUANTITY	DESCRIPTION	NET WEIGHT	GROSS WEIGHT IN KILOGRAMS (Subject to Corrections)	FOR CARRIER'S USE CLASS OR RATE
3		DRIVER TO CALL 1 HOUR PRIOR TO DEL'Y 613-448-3098 DEL'Y BETWEEN 7:30 A.M-4:00PM HYDROFLUOSILICIC ACID (N/R) 496000 65.00KG FLUOSILICIC ACID CLASS B UN177B PGII HYDROFLUOSILIC ACID 25% LOT # 84308 ***** DRIVER: CALL 1 HR PRIOR TO TO DEL'Y AT: 1-613-448-3098 DEL'Y BETWEEN 7:30AM-4:00PM *****	195	198	

**DANGEROUS
GOODS**

**DANGEROUS
GOODS**

TOR 4279126 9



16140

NOTE: IF THIS SHIPMENT DOES NOT CORRESPOND WITH THE ABOVE, NOTIFY C.C.C. ORDER DEPT. WITHIN 5 DAYS OF RECEIPT.
IN CASE OF BREAKAGE OR LOSS IN TRANSIT, HAVE NOTATION MADE ON TRANSPORTATION BILL BEFORE SIGNING AND PAYING FREIGHT BILL.

FOR TRANSPORT EMERGENCY, SPILL, LEAK, FIRE OR EXPOSURE
CALL (416) 444-2112 - 24 HOUR NUMBER, CANUTEC (613) 996-6666

Shipper's print in lieu of stamp.	PLACARDS TENDERED	3	198.0
This is to certify that the above named articles are properly classified described, packaged, marked and labelled, and are in proper condition for transportation, according to the applicable regulations.		TOTAL NO. OF PIECES/PKGS.	TOTAL WEIGHT

SHIPPER Canada Colors and Chemicals Limited

AGENT

PER

PACKING SLIP

Handwritten: SUM 3/16140
2145
23/7/03

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 PACKAGING AND DESTINATION AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

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

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

POINT OF ORIGIN / POINT D'EXPÉDITION	Lachine PQ	CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT	011136	ORDER NO. N° DE COMMANDE	1352526	B/L NUMBER N° DE CONN.	26233318
CARRIER NAME / NOM DU TRANSPORTEUR	LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE	DATE SHIPPED EXPÉDIÉ LE		CONSOLIDATED B/L NO. COMMANDEMENT CONS.	
TRANSPORTATION MODE / MODE DE TRANSPORT		INVOICE TO/BUYER-FACTURE À / ACHETEUR		VEHICLE T/C NO. / MARQUE DU WAGON			
Less Than Truck Load		OCWA					
ROUTING / ITINÉRAIRE						PAGE NO. N° DE PAGE	
						45328092 1	

NO. AND DESCRIPTION OF PACKS Nbre et description de colis	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES	ACTUAL WEIGHT POIDS RÉEL
1.00 each		PALLET WOODEN RETURNABLE	0 KILOGRAMS
32.00 DELCAN	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791. PK GP III SODIUM HYP010.8%(12% TR)DCN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>		4 *CORROSIVE* PLACARDS REQUIRED.	<<<<<<<<<<<

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

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

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

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: SUIVRE FACTURE POUR EXPÉDITION PORT EN RÉFÉRENCE À NOTRE NUMÉRO DE CONN:	BRENTAG CANADA INC. 2900 JEAN BAPTISTE DESCHAMPS LACHINE, PQ H8T 1C8	MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR Perte ou dommage: 2 \$ LA LIVRE OU 4.41 \$ LE KILO, SAUF STIPULÉ CONTRAIRE PAR LA VALEUR DÉCLARÉE.
SHIPPER EXPÉDITEUR	AGENT	DESTINATAIRE/CONSIGNEE
PER PAR	PER PAR	PER PAR

REV. 10/97(00)

MEMORANDUM

THESE PRODUITS SONT VENDUS ET
EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS
D'APPAREILLEMENT EN VERTU DE LA PRÉSENTE

CES PRODUITS SONT VENDUS ET
EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS
D'APPAREILLEMENT EN VERTU DE LA PRÉSENTE

110623318

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 PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

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

CONSIGNEE DESTINATAIRE OCWA FINCH WTP		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc.	
STREET ADDRESS ADRESSE (N° RUE) 20 WILLIAM STREET FINCH, ON		STREET ADDRESS ADRESSE (N° RUE) 3000 Jean Baptiste Deschamps	
PROVINCE OR STATE PROVINCE OU ÉTAT KOC 1K0 Canada		PROVINCE OR STATE PROVINCE OU ÉTAT H8T 1E2 Canada	

POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PG	CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT verbal	ORDER NO. N° DE COMMANDE 1375963	B/L NUMBER N° DE COMM. 26259608
---	---	---	--

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

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

ROUTING / ITINÉRAIRE	PAGE NO. N° DE PAGE 45328363 1
----------------------	---

NO. AND DESCRIPTION OF PACKS NBR ET DESCRIPTION DE COLIS 32.00 DELCAN	DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO 10.8% (12% TRIDCN RET18.9L NSF <i>8->CRW</i> TOTAL WEIGHT 773 KILOGRAMS 773 KILOGRAMS 4 *CORROSIVE* PLACARDS REQUIRED. ***** ** CAMION AVEC TAIL GATE REQUIS ** ***** COMMUNIQUE AVEC BILL MICHEALS AU 1-613-448-3098 OU LE 1-613-223-0333 AVANT LA LIVRAISON ***** <i>Returned 1 pallet 26 empty jugs. Nov 13 '03</i> ***** *****	ACTUAL WEIGHT POIDS REEL 773 KILOGRAMS 773 KILOGRAMS
--	---	---

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

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: SUIVRE FACTURE POUR EXPÉDITION PORT EN RÉFÉRENCE À NOTRE NUMÉRO DE N° A:	BRENTAG CANADA INC. 2900 JEAN BAPTISTE DESCHAMPS LACHINE, PQ H8T 1C8	MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE.
--	---	--

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

CONSIGNEUR / SHIPPER OCWA FINCH WTR	DESTINATAIRE / DESTINER Brenntag Canada Inc.
ADRESSE / ADDRESS 20 WILLIAM STREET FINCH, ON	ADRESSE / ADDRESS 3000 Jean Baptiste Deschamps Lachine, PQ
PROVINCE OU ETAT / PROVINCE OR STATE KOC 1K0 Canada	PROVINCE OU ETAT / PROVINCE OR STATE H8T 1E2 Canada

POINT OF ORIGIN / POINT D'ORIGINE Lachine	CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT VERBAL	ORDER NO. / N° DE COMMANDE 1386392	BL NUMBER / N° DE CONN. 26271494
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.	REQUIREMENT / DEMANDE 15.12.2003	DATE SHIPPED / EXPÉDIÉ LE 15.12.2003	CONSOLIDATED BL NO. / CONNASENEMENT CONS. 15.12.2003

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

ROUTING / ITINERAIRE	45328363	PAGE NO. N° DE PAGE 1
----------------------	----------	-----------------------------

NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES	ACTUAL WEIGHT POIDS REEL
--	------	--	-----------------------------

PALLET WOODEN RETURNABLE
X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III,
SODIUM HYPO 10.8% (12% TR) OCM RET 18.9L NSF
TOTAL WEIGHT 773 KILOGRAMS
4 *CLASS 8 CORROSIVE* PLACARDS REQUIRED

*** CAMION AVEC TAIL GATE REQUIS ***
COMMUNIQUE AVEC BILL MICHEALS AU 1-613-448-3098 OU LE 1-613-223-0333
AVANT LA LIVRAISON

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

GROSS BRUT TARE NET	TOTAL NO. OF PIECES/PKGS. NOMBRE TOTAL DE COLIS IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID: 1002 INDIQUEZ ICI SI LEVONK SE PAIE EN "PORT-PAYE" PREPAID	THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION. ACCORDING TO THE ACT REGARDING THE TRANSPORTATION OF DANGEROUS GOODS ACT. 1) LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, E LE TRANSPORT CONFORMÉMENT AUX RÉGLEMENTS AD <u>TRANSPORT DES MARCHANDISES DANGEREUSES (1992)</u> <i>hook boys</i>
------------------------------	--	--

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

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

SHIPPER
EXPEDITEUR **Brenntag Canada Inc.**

PER	PAR	PER	PAR

4 MEMORANDUM

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

took
4 carbons
to Chrysler.
1 to
Morningside



Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

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

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

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

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

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

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

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

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

* 1 training day is equal to 6.75 hours



Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

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

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

* 1 training day is equal to 6.75 hours

Login: C119452

Program Code 130072201

Program: MOE OPERATIONS DIVISION
Study: WATER, COMMUNAL
Project: EASTERN REGION - KINGSTON DIST
Activity: WTP MUNIC INSPECT/ADVERS NOTIF
Organization: IEB Director's Office

Org. Id: 3062

MINISTRY OF THE
ENVIRONMENT

OCT 12 2004

CORNWALL

Mail this copy to :

FRANSSEN, JAN
MOE - CORNWALL AREA OFFICE
113 AMELIA STREET
CORNWALL,ONT
K6H 3P1

Final reports to : FRANSSEN, JAN

Inquires to: RUSTY MOODY
PAUL YANG

Telephone : 416-235-5863
Telephone : 416-235-6004

LOGIN DESCRIPTION: 220008649 CRYSLER WS JAN FRANSSEN 613-933-7402

Ontario Ministry of Environment
Central Laboratory - Resources Road
FINAL REPORT(manager.rdf)
Oct. 07, 2004 02:16 PM

Login: C119452

Field Id T-1	Station ID 2200086497804	Sample Location Description TREATED WATER	Sampling Date 22 SEP 2004	Time 14:30	Zone 5	Sampler Information
	Sample ID C119452-0001	Sample Comment Description				
MOE*LIMS Products Requested:						
WD	E3051A	MET3051	WD	E3060B	HG3060	WD E3172A F3172
WD	E3196A	IBC3196	WD	E3226A	PA3226	WD E3364A DISNUT3364
WD	E3408A	PC3408	WD	E3144B	VOL3144	
			WD	E3274A	LIC3274	

Field Id W-1	Station ID 2200086497001	Sample Location Description WELL 1 RAW	Sampling Date 22 SEP 2004	Time 14:30	Zone 5	Sampler Information
	Sample ID C119452-0002	Sample Comment Description				
MOE*LIMS Products Requested:						
WD	E3371A	TCEC3371				

Field Id W-2	Station ID 2200086497002	Sample Location Description WELL 2 RAW	Sampling Date 22 SEP 2004	Time 14:30	Zone 5	Sampler Information
	Sample ID C119452-0003	Sample Comment Description				
MOE*LIMS Products Requested:						
WD	E3371A	TCEC3371				

Login: C119452

Ontario Ministry of Environment
Central Laboratory - Resources Road
FINAL REPORT(manager.rdf)
Oct. 07, 2004 02:16 PM

Field ID: C119452-0001
Sample ID: 2004WD38-00171
MOE-LIMS ID: 2200086497804
Station ID: 22 SEP 2004
Collect Date:
Sample Location Description: TREATED WATER

W-1
C119452-0002
2004WD38-00172
2200086497001
22 SEP 2004
WELL 1 RAW

W-2
C119452-0003
2004WD38-00173
2200086497002
22 SEP 2004
WELL 2 RAW

Sample Comments Description:

Listid	Parname	Value	Units	Qual	Rmk1	Value	Units	Qual	Rmk1	Value	Units	Qual	Rmk1
3051L1	Copper	31.6	ug/L	+/-2.90									
	Nickel	.4	ug/L	+/-0.40									
	Zinc	8.9	ug/L	+/-1.10									
	Cadmium	.02	ug/L	+/-0.05									
	Chromium	.7	ug/L	+/-0.50									
	Lead	.23	ug/L	+/-0.23									
	Iron	6	ug/L	+/-6.00									
	Manganese	8.35	ug/L	+/-0.89									
	Aluminum	.3	ug/L	+/-0.30									
	Vanadium	.17	ug/L	+/-0.08									
	Molybdenum	.8	ug/L	+/-0.21									
	Silver	0	ug/L	+/-0.05									
	Barium	96.8	ug/L	+/-7.60									
	Beryllium	0	ug/L	+/-0.05									
	Strontium	195	ug/L	+/-18.00									
	Titanium	.2	ug/L	+/-0.50									
	Thallium	.01	ug/L	+/-0.05									
	Uranium	1.01	ug/L	+/-0.08									
	Boron	10	ug/L	+/-3.00									
	Arsenic	.1	ug/L	+/-0.10									
	Selenium	0	ug/L	+/-1.00									
	Antimony	.57	ug/L	+/-0.15									
	Cobalt	.02	ug/L	+/-0.02									
3060L1	Mercury	.02	ug/L	<=W									
3144L1	Chloroethene	.05	ug/L	<=W									
	1,1-dichloroethene	.05	ug/L	<=W									
	Dichloromethane	.2	ug/L	<=W									
	Tert-butyl methyl ether	.05	ug/L	<=W									
	trans-1,2-dichloroethene	.05	ug/L	<=W									
	1,1-dichloroethane	.05	ug/L	<=W									
	cis-1,2-dichloroethene	.05	ug/L	<=W									
	Chloroform	0.4	ug/L	<T									
	1,1,1-trichloroethane	.05	ug/L	<=W									
	1,2-dichloroethane	.05	ug/L	<=W									
	Carbon tetrachloride	.2	ug/L	<=W									
	Benzene	.05	ug/L	<=W									
	1,2-dichloropropane	.05	ug/L	<=W									

Login: C119452

Ontario Ministry of Environment
Central Laboratory - Resources Road
FINAL REPORT(manager.rtf)
Oct. 07, 2004 02:16 PM

Field ID: T-1
Sample ID: C119452-0001
MOE LIMS ID: 2004WD38-00171
Station ID: 2200086497804
Collect Date: 22 SEP 2004
Sample Location Description: TREATED WATER

W-1
C119452-0002
2004WD38-00172
2200086497001
22 SEP 2004
WELL 1 RAW

W-2
C119452-0003
2004WD38-00173
2200086497002
22 SEP 2004
WELL 2 RAW

Sample Comments Description:

Listid	Parname	Value	Units	Qual	Rmk1	Value	Units	Qual	Rmk1	Value	Units	Qual	Rmk1
3144L1	Trichloroethene	.05	ug/L	<=W									
	Bromodichloromethane	.2	ug/L	<=W									
	Toluene	.05	ug/L	<=W									
	1,2-dibromoethane	.1	ug/L	<=W									
	1,1,2-trichloroethane	.1	ug/L	<=W									
	Dibromochloromethane	.2	ug/L	<=W									
	Tetrachloroethene	.05	ug/L	<=W									
	Chlorobenzene	.05	ug/L	<=W									
	Ethylbenzene	.05	ug/L	<=W									
	m- and p-xylene	.05	ug/L	<=W									
	Bromoforn	.5	ug/L	<=W									
	Styrene	.05	ug/L	<=W									
	o-xylene	.05	ug/L	<=W									
	1,1,2,2-tetrachloroethane	.2	ug/L	<=W									
	1,4-dichlorobenzene	.05	ug/L	<=W									
	1,3-dichlorobenzene	.05	ug/L	<=W									
	1,2-dichlorobenzene	.05	ug/L	<=W									
	Trihalomethanes; total	.5	ug/L	<=W									
3172L3	Fluoride	0.05	mg/L										
3226L1	NT: Total Coliforms	See Non-Target Textual result											
3364L1	Nitrogen, ammonia+ammonium	0.004	mg/L	<T									
	Nitrogen, nitrite	.001	mg/L	<=W									
	Nitrogen, nitrate+nitrite	0.169	mg/L										
3371L7	Phosphorus, phosphate	0.0012	mg/L	<T									
	Total coliform					0.0	c/100mL			3.0	c/100mL		
	Total Coliform Background					0.0	c/100mL			0.0	c/100mL		
3408L1	Escherichia coli					0.0	c/100mL			0.0	c/100mL		
	Heterotrophic bacteria (HB35)	10.	c/mL	<									

Login: C119452

CODE	DESCRIPTION
<	ACTUAL RESULT IS LESS THAN THE REPORTED VALUE
<=W	NO MEASURABLE RESPONSE (ZERO): <REPORTED VALUE
<T	A MEASURABLE TRACE AMOUNT:INTERPRET WITH CAUTION
APS	ADDITIONALPEAK,SMALL,NOTPRIORITYPOLLUTANT
NDAE	NO DATA: ABSENT NT: ESCHERICHIA COLI
NDAT	NO DATA: ABSENT NT: TOTAL COLIFORMS
NDDN	NO DATA: NOT DETECTED NT: DETERIORATION INDICATORS
NDID	NO DATA: INSUFFICIENT DATA TO PERFORM CALC.

Login: C119452

NON-TARGET TEXTUAL RESULT

Sample ID	Listid	Parmname	NT: Total Coliforms	Value:	Qual: NDAT	Remarks
-----------	--------	----------	---------------------	--------	------------	---------

Absent

Sample ID	Listid	Parmname	NT: Escherichia coli	Value:	Qual: NDAE	Remarks
-----------	--------	----------	----------------------	--------	------------	---------

Absent

Sample ID	Listid	Parmname	NT: Deterioration Indicators	Value:	Qual: NDDN	Remarks
-----------	--------	----------	------------------------------	--------	------------	---------

Not Detected

TEXT COMMENTS

Sample ID	Matrix	Method	E3144B	Product: VOL3144	Parameter: Carbon tetrachloride
-----------	--------	--------	--------	------------------	---------------------------------

Mass spectrometric analysis has confirmed the presence of a C8 alkane in this sample.

** End of Report **



Water and Earth Science Associates Ltd.
3108 Carp Rd, Box 430, Carp (Ottawa)
Ontario Canada K0A 1L0
Telephone: 613-839-3053
Fax: 613-839-5376
E-mail: wesacarp@wesa.ca

FACSIMILE COVER SHEET

DATE: February 20, 2004
TO: Rheal Charboneau - 1-613-984-2908
James C. Johnston - 944-7216 ✓
PROJECT NO.: B3018
SUBJECT: Proposal for Well Head Protection Program
Finch Communal Water Supply
MESSAGE: Please see attached.



< Don Moe
Blair OCWN
is the attached in order.
Call me to verify for council
OK on the 9th of March 2004

FROM: Robert Hillier

Total pages transmitted, including cover sheet: 7
If all pages are not received, please call 613-839-3053.

Originals to follow? by Mail ☐
by Courier ☐
by E-mail ☐
No ☐



February 20, 2004
File# CB3018

Township of North Stormont
2 Berwick Victoria Street
P.O. Box 99
Berwick, Ontario
K0C 1G0

Attn: Mr. Rheal Charbonneau, Clerk-Treasurer FAX: 1-613-984-2908

**Re: Proposal for Well Head Protection Program
Finch Communal Water Supply**

Dear Mr. Charbonneau:

The following presents a work plan and cost proposal to prepare a Wellhead Protection Program (WHPP) for the Village of Finch Communal Well System. It is our understanding that the Ministry of Environment's Certificate of Approval (C of A) for the water supply system requires the implementation of a WHPP to monitor aquifer conditions and to identify and protect the area of recharge of the wells from the risk of man-made activities".

The main components of a WHPP include the following:

1. Delineation of Wellhead Protection Areas – Well Capture Zones
2. Development of an Aquifer Monitoring Program, and
3. Development of a Land Use Risk Rating Map (Using the Well Capture Zones) to provide direction for appropriate wellhead and aquifer protection strategies

The following work program is proposed to complete the WHPP. Please note that this work program has been developed, assuming that no additional subsurface investigation through drilling and/or test pitting is required for the site. Also, the wellhead protection areas for the Village of Finch, as mapped/modelled within the BOWRC's "Municipal Groundwater Study, Township of North Stormont, October 2003." will provide the basis for delineation of wellhead protection areas. If additional subsurface investigation is deemed necessary during the course of this study, the Township will be notified of this requirement in writing.

Task 1: Hydrogeological Information Review and Site Inspection

The purpose of this task is to compile and review all existing chemical and physical hydrogeological information for the site to identify past groundwater quality issues, if any, and to identify any deficiencies in the existing physical hydrogeological information for the site.

Information that will be compiled and reviewed includes:

- All past site hydrogeological reports related to the communal wells. Specifically, all information relating to past aquifer testing of the communal wells and all subsurface characterization studies describing soil stratigraphy and soil texture (i.e. grain size distribution) on the property.
- Available hydrogeological and/or geotechnical reports, environmental site assessments, licenses and permits.
- All historical 'raw' water quality data obtained for the communal wells since their commissioning.
- A review of the wellhead protection areas for Finch mapped/modelled within the EOWRC's "Municipal Groundwater Study, Township of North Stormont, October 2003."
- A review of recent topographic maps and air photos for use in further mapping of Well Capture Zones in the vicinity of the supply wells.

In conjunction with the background information review a site inspection will be conducted to carry out the following:

- An inspection of the communal wells will be made to investigate their general physical condition and their relative location to neighbouring surface water features and land use activities.
- Any existing site monitoring wells will be identified and inspected for their general physical condition. If possible, static groundwater elevation data will be collected from these wells.
- Any existing neighbouring domestic wells will be identified and assessed for their appropriateness for inclusion in an aquifer monitoring program.
- The site area within 500 metres of the wellhead will be inspected to identify potential sources of contamination that could contribute to microbiological contamination and/or general degradation of both surface water and groundwater quality (i.e. manure runoff from neighbouring agricultural lands, road salting, petroleum outlets, etc.).

Task 2: Data Analysis and Reporting

The results of the study will be compiled in the WHPP report which will include all 'new' supporting data along with references to 'past' data sources used in developing the conclusions of the study. The report will include site maps showing the groundwater Time-of-Travel (TOT)

capture zones determined in the "Municipal Groundwater Study, Township of North Stormont" along with any modified boundaries based on additional site specific interpretations by WESA. A Land Use Risk Rating Map (Using the Well Capture Zones) will be generated to provide direction for appropriate wellhead and aquifer protection strategies. A recommended long term monitoring program to monitor changes in the physical and chemical hydrogeology of the aquifer will be presented. Ideally, this monitoring program will use existing monitoring wells and/or nearby domestic wells to monitor static water levels and aquifer water quality up gradient of the wellhead.

The report will be prepared and signed by a qualified hydrogeologist.

COST ESTIMATE

The hourly rates for WESA personnel whom might be involved in this project are as follows:

<u>Persomnel</u>	<u>Hourly Rate</u>
Robert Hillier, B.Sc., P.Geo. Project Manager/Hydrogeologist	\$ 105.00
Tami Sugarnan, B.Sc. Hydrogeologist	\$ 80.00
Francois Richard, Ph.D, Hydrogeologist	\$ 90.00
Brian Andress, C.E.T., Environmental Technologist	\$ 65.00

The cost estimate to carry out the work discussed above is summarized in the table below. The total estimated costs represent an upset limit inclusive of all professional fees and disbursements, but do not include GST. Should the project work be completed in less than the estimated time, the professional fees will be reduced accordingly based on the hourly rates noted above.

Task	Professional Fees	Disbursements			Total
		Field Expense	Office	Laboratory Analyses	
1. Background Review and Preliminary Site Inspection	1,660	235	50	0	1,945
2. Data Analysis and Reporting	2,800	0	200	0	3,000
Totals	\$ 4,460	\$ 235	\$ 250	\$ 0	\$ 4,945

Estimated Project Total \$4,945 (excluding GST)

This project will be completed in accordance with WESA's Standard Terms and Conditions for Consulting Services, a copy of which is attached. Please review the attached conditions and return a signed copy of the authorization to our office in order for us to proceed with this work plan. Thank you once again for requesting this proposal. Please do not hesitate to contact me if you have any questions regarding the work plan, proposed schedule, or budget. WESA is prepared to commence this work immediately upon notification from the client.

Sincerely,



Robert J. Hilmer, B.Sc., P.Geo.
Hydrogeologist

Encl.

cc: James C. Johnston, Kostuch Engineering. Fax: 944-7216

Ref: B3018 Feb20-04Pra.doc